Exceptional Children

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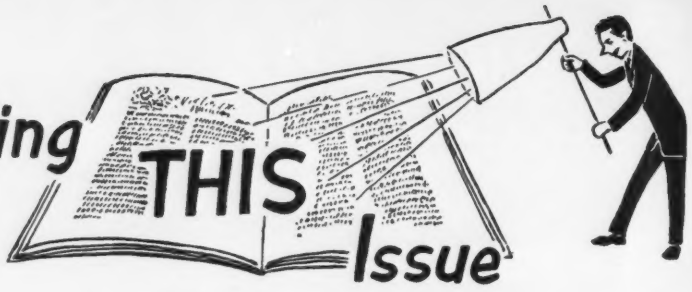

"Cerebral Palsied Children and Their Parents," by Elsa A. Miller

A physical handicap should not be allowed to color or prejudice a person in a position dealing with emotionally disturbed children and their parents. This study by the chief psychologist of the Buffalo, N. Y., Guidance Center, urges emphasis on the emotional health of the mildly handicapped child and his parents. Use of a psycho-therapeutic approach when working with a "brain-injured" child and his parents is suggested.

"Pure Tone Audiometry with the Mentally Retarded," by Frank Kodman, Jr., Theodore R. Powers, George M. Weller, and P. Philip Philip

This reports the results of a hearing survey involving 208 institutionalized mentally retarded adults and children at the Kentucky Training Home in Frankfort. Discussed are the approach to testing as performed here; the five arbitrarily divided categories of the mentally retarded candidates for purposes of this testing; the methods used for demonstration before beginning the testing process; and the proposed audiometric procedure.

"Educational Guidance and the Deaf Child," by Robert Frisina

A four year project was undertaken by the Department of the Education of the Deaf, University of Manchester, to determine the possible changes to be made in the provisions for English youngsters handicapped by deafness. Subject emphasis was placed upon early home training of parent and child; early use of electronic amplification systems; increased utilization of hearing aids with those possessing only limited residual hearing; mental and emotional development of deaf youngsters; and acoustics and measurement of hearing.

"Preschool Experiences of Physically Handicapped Children," by LeRoy Larson

This survey pointed up the disadvantage of handicapped children in every comparison. As the author sums up the situation: "It may be understandable why certain physically handicapped children may have had very limited experience in hiking in the woods or riding on a merry-go-round. However, they appear to compare just as unfavorably in knowledge of "Goldilocks and the Three Bears," or "Jack Sprat." A majority of the experiences asked about could have been more abundantly provided for, had the parents been made aware of their importance.

"Motivation, Adjustment, and Anxiety of Cerebral Palsied Children," by Raymond H. Holden

This article seeks to bring attention to the personality characteristics of cerebral palsied children within a framework which does not assume that all of the brain injured child's behavior is due to brain injury. Poorly motivated children, almost without exception, rated as poorly adjusted and highly anxious. However, the majority of the children in this study were not poorly motivated. A highly significant correlation was found in this study to exist between ratings of high motivation and good progress either in physical improvement or better social adjustment.

EXCEPTIONAL CHILDREN

Journal of the International Council for Exceptional Children

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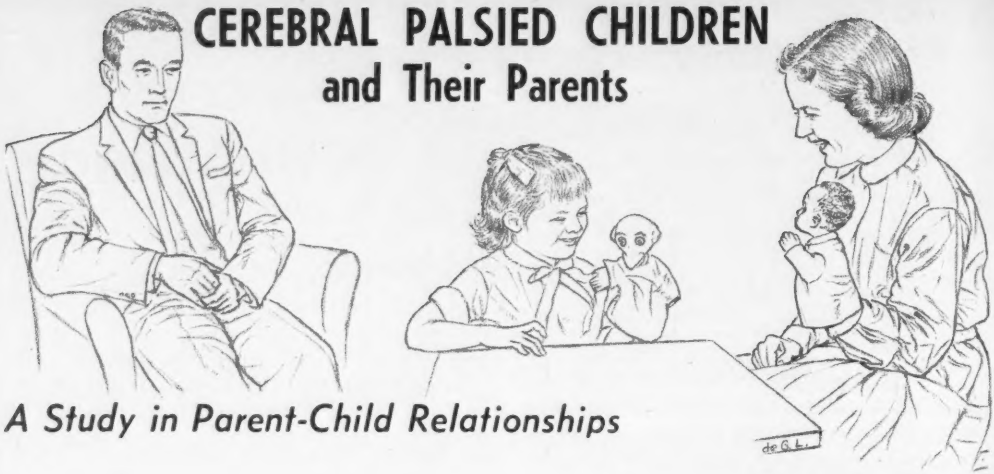
CEREBRAL PALSIED CHILDREN and Their Parents



A Study in Parent-Child Relationships

ELSA A. MILLER

A SURVEY of the recent literature in the field of physical disabilities reveals that increasing attention has been paid to the emotional problems of the cerebral palsied child and those faced by his parents. As one would reasonably expect, the greatest attention has been paid to the many sided problem of the severe handicap. The mild handicap, which is not actually physically incapacitating, has been neglected.

The emotional problems—with a few exceptions have been handled as separate problems of the parent and the child, and the area of parent-child relationships has been approached only indirectly. When "brain-injury" symptoms accompany the physical disability, they have been handled primarily as discrete problems arising from the organic impairment itself. Educational techniques and modifications of the physical environment have been stressed in working with the brain-injured child in an attempt to lessen the impact of the impairment.

A number of years of experience in working with children with cerebral palsy of all types and degrees of severity, as well as with physically normal, emotionally disturbed children, have resulted in some observations concerning the behavior and problems of the cerebral palsied that seemed worthy of investigating. Among these observations the following are pertinent to this symposium:

1. Problems in parent-child relationships play a vital role in the emotional disurbance of the child with cerebral palsy just as they do in the case of any other disturbed child.
2. Disturbed parent-child relationships may be present to a greater degree with the mild handicap than with the severe one.
3. In the case of "brain-injury" symptoms in the behavioral picture, the disturbed parent-child relationships may play an important role in intensifying the basic organic problem.

The work to be reported here in respect to these observations should probably not be dignified by referring to it as a research study. It is, more honestly, a clinical report of findings in four groups of children and their parents, as they were studied in a child guidance clinic with an admitted bias—that parent-child relationships are basic in the development of *any* child and his personality strengths and weaknesses.

Fifty-five children, ranging in age from 7 to 12 years, and their parents, are included in this study. The children are classified as follows:

A. 12 mildly handicapped cerebral palsied children, referred to the clinic as severe learning and behavior problems. Both parents and child were worked with psychotherapeutically for a period of eight months to two years.

• **ELSA A. MILLER** is chief psychologist of the Guidance Center of Buffalo, New York.

B. 13 physically and neurologically normal children, referred for the same reasons as group A and also worked with psychotherapeutically.
C. 14 mildly handicapped cerebral palsied children, with severe learning and behavior problems similar to group A, diagnosed but not treated psychotherapeutically.
D. 16 severely handicapped cerebral palsied children, with emotional problems ranging from slight to moderate, diagnosed but not treated psychotherapeutically. Learning problems were difficult to evaluate because of the degree of handicap.

Since these children were studied in a service rather than research setting, selective criteria for the treatment groups (A and B) were only in terms of the need for help with problems too difficult for the family to cope with, and the willingness of the parents to participate in a treatment process. Group A consisted of all of the children in that category who had been worked with at the clinic long enough to have followup studies. Group B was selected from the total caseload to match Group A in age, intelligence, and behavioral symptoms. The failure to work with the diagnostic groups (C and D) was simply because distance from the clinic made such treatment impractical or impossible in the case of Group C, and was either impractical or not desired in Group D, the severely handicapped. The latter had actually been referred for diagnosis only.

Intelligence ranged from dull normal to high average. Families were intact, and came from the average to high average socio-economic level. In all cases reported, there have been one or more follow-up studies, from one to five years following the original study of the child. All the children had been medically diagnosed.

Problems reported by the parents and teachers in the first three groups, existing in various degrees and combinations, were as follows: "Impulsive, distractible, hyper-active, emotionally unstable, excitable, given to temper outbursts, easily frustrated, failing in school work, destructive, aggressive, attention getting, clowning, day-dreaming, and backward in school." Additional problems in five cases were, "soiling, bed-wetting, fire-setting, and stealing." Not all of the problems were present in each case. All of the children were considered severe behavior problems, difficult to manage in school and unable to get along with the parents and others in the home.

All results are necessarily reported in terms of general findings for the groups to fit within the framework of this symposium. Diagnostic studies of the two groups of mildly handicapped, A and C, revealed the following:

1. Educational retardation was out of keeping with mental capacity, with reading and arithmetic presenting the most severe problems. Educational age was one to three years below the mental age, the older children, of course, showing most retardation. Standardized achievement and intelligence tests (Stanford Achievement, Gates Reading, Binet and WISC) were used.
2. Problems in perception and concept formation were present in 20 of the 25 cases, though in varying degrees These children showed many of the characteristics associated with "brain injury" in their behavior and on psychological tests, (Binet, WISC, Bender) and had been so diagnosed neurologically.
3. Problems in self-concept were revealed. Human figure drawings and other projective techniques (T.A.T., C.A.T., and Rorschach) were used in addition to the child's spontaneously expressed feelings. The self-concept was one of mental and physical inadequacy, self-abasement, guilt, and even worthlessness in some cases. A disturbed self-concept was evident in all of the mildly handicapped children, though to varying degrees.
4. Inadequate human relationships were found in all, with anxiety and insecurity in parental relationships. In general these children were reacting to the environment with a great deal of anxiety. This was indicated on projective tests as well as in verbal expression and play.
5. An unusual degree of hostility was present in many of the children. This was also indicated on projective tests as well as in verbal expression and play, and was directed both inwardly and outwardly.

The above findings all also applied to Group B —the physically normal group—with the exception that the latter had no problems in perception and concept formation. Interestingly enough, the self-concept was one of physical inadequacy in this

group also, even though there were no physical handicaps. This suggests a generalized feeling of inadequacy in the disturbed children not necessarily related to the physical reality. Actually, if one were to have available only test data on groups A, B, and C, with no identifying data as to the physical handicap, one would be unable to select out the handicapped except as problems in perception and coordination existed. This is highly significant, pointing to something beyond the handicap creating problems in the adjustment of the mildly handicapped.

Findings in the severely handicapped (Group D) were less clear cut and less comprehensive. The severity of the handicap precluded complete psychological evaluation in most cases, though partial testing was possible in all. Educational retardation could not be meaningfully measured. Problems in perception and concept formation were present in all six cases, and suspected, but not measured in others. Projective techniques could be administered in only eight of the 16 cases, and in those only two revealed the inadequate human and parental relationships found in the first three groups. The self-concept was one of inadequacy but not of abasement or worthlessness. Hostility was generally lacking. Some signs of excessive dependency and immaturity were present in all eight cases.

The problems generally reported by the parents and teachers were as follows: Lack of motivation to do better, daydreaming, dependent, immature, failing in school, and in two cases, as being somewhat withdrawn. This group tended to be passive.

Diagnostic impressions of the parents were arrived at entirely by the interview method, over a period of several weeks in some cases. The parents of the mildly handicapped children (Groups A and C) were generally anxious, guilty, and actually frightened about their ambivalent feelings toward their child's condition.

One of their big problems had to do with recognizing the condition as handicapping since the child was self-sufficient. Actually, their greatest need was to have this "almost normal" child be normal. There was real confusion as to what to expect of the child since he seemed so variable in his capabilities. This confusion led to inconsistencies in demands and expectations. The parents expressed strong feelings about being unable to meet the needs of the child, and concern about the mounting negative feelings resulting from repeated frustrations in dealing with the child. Further guilt resulted from the negative feelings, aroused greater anxiety, and greater need to prove there was nothing wrong. The child was generally expected to perform beyond his capacity in all ways, possibly as a salve for the wounded parental ego. Individual parents reacted according to their level of maturity, and their own personality patterns. However, they all reacted with some degree of anxiety, confusion, and over-expectation, and with real ambivalence.

The parents of the physically normal children (Group B) revealed remarkably similar feelings. The chlidren did not measure up to the expectation of the parents, though for different reasons. Some of the parents were perfectionistic, setting too high standards of conduct and achievement for the child's age or intelligence. Negative feelings mounted as the child "failed" them. Confusion was less marked in this group of parents and openly hostile feelings somewhat stronger.

There was a similarity in the fear of exercising discipline in Groups A, B, and C. In the case of the physically normal, the parents were actually afraid to express their mounting angry feelings for fear they would physically hurt the child, losing their precarious self-control.

In the case of the cerebral palsied, the parents were afraid of doing irreparable damage to an already "delicate" child. If there had been any history of seizures, there was great fear of bringing on seizures by disciplining or even frustrating the child. In any case, the child was left insecure and anxious, not knowing where he stood, and the parents were left feeling helpless and angry at being controlled by the children when they felt the children should, by all rights, be controlled by the parents.

The diagnostic impressions of the parents of the severely handicapped differed from those of the other three groups. The parents were disappointed and discouraged, and burdened with realistic worries about the future. However, they were much more accepting of the children, except in two instances of well concealed rejection. The most important aspect of the parents' feelings was that of not expecting too much of the child; any little thing the child accomplished was hailed with

delight. There were some complaints that the child did not try hard enough to do things, but he was excused on the basis of the severity of the handicap. This complaint was reflected in the feeling that the child was not motivated in some cases. The parents fostered dependence and immaturity, but gained a neurotic satisfaction from the child's dependence upon them. The child remained secure in the comfortable spot the parents created for him. Within themselves these parents were unhappy and troubled, but in most instances the relationship with the child was not troubling. Essentially, these severely handicapped children had many satisfactions in their home life. One might question the basic mental health in some such situations, but there is a workable adjustment of a kind even if it is a neurotic adjustment.

The treatment process for Groups A and B was through individual psychotherapy for the child, with concurrent therapy for the parents. Both parents were worked with in most cases. Though the relationship between the parents—important in the adjustment of any child—was not neglected in treatment, the relationship with the child was the focus of treatment. With the child, therapy was primarily play therapy in which the child was accepted at his own particular level of emotional maturity and performance capacity, with no need to be something he was incapable of being at the time. The same playroom was used for both the handicapped and non-handicapped group, but in the case of the most distractible and hyperactive children some of the play material was put in closed cupboards to create a less stimulating atmosphere. The handicapped children were steered toward play involving dexterity and coordination, such as ball playing, clay modeling, and carpentry, in order to work with their feelings of inadequacy around their physical problems. Aside from that there were no differences in the approach used for the two groups. The children were all handled as emotionally disturbed children with problems within themselves and in their relationships with their parents. The only environmental manipulation was in terms of schooling. An attempt was made to get help with the learning problems of both groups, depending upon the needs. This attempt was not always successful.

Results of treatment were similar in both groups, with a high percentage of success (22 out of 25 cases). Significant findings from the point of view of this study were the positive changes in the children in self-concept, parental relationships, anxiety and hostility revealed on projective tests following the completion of treatment. Clinical observations led to the same conclusions.

Of great significance were the changes in the handicapped children in the pattern of distractibility and hyper-activity, as their anxieties and insecurities lessened. There was also noticeable improvement in frustration tolerance, impulsivity and performance level. Similar changes occurred in the non-handicapped group, but this was not unexpected. Re-evaluation from one to four years after the conclusion of treatment indicated that the gains were holding. Standardized tests revealed better educational gains in the non-handicapped than in the handicapped, though there were small gains in the latter. In general, the children were considered better adjusted and happier in school and at home, according to reports by teachers and parents, and improving in their school work.

During the treatment process with the parents, they were helped further with the intellectual understanding they had begun to gain through the help received during the diagnosis. However, intellectual understanding must be followed by emotional understanding and acceptance if there is to be any progress in relationships, and the treatment was geared to a feeling level without neglecting constructive realistic planning. The treatment process was a painful one for the parents as they slowly worked with their conflicts around their "different" or "difficult" child, and began to live with the "difference." As the child began to respond to them, however, the parents could more easily respond in return and give more freely of themselves and their love to the child. As the parents could become comfortable they were able to begin to discipline the child as well as love him, without fear of losing the child's love or of hurting him. This is obviously a capsule description, but the attempt is to express the gradual development of a positive, accepting and secure relationship between the parent and the child.

A sequence in treatment of one of the "brain-injured," mildly handicapped, children is worthy of mention in terms of problems in perception and attention. An eight-year-old child had been excluded from school to keep the teacher from resigning. He

disrupted the entire school room with his disorganized, impulsive behavior, and was unable to "settle down" long enough to learn anything at all, though he was of average intelligence. Early in treatment, he tried carpentry and found himself clumsy and unable to hit a nail straight, he would pound a little, throw the board, and look for something else. The therapist faced him with his problem, as he kept unsuccessfully trying one thing after another, staying with nothing, finding satisfaction in nothing. He was helped to find satisfaction, helped to stay with problems, helped to understand his weaknesses in functioning. In the meantime we were learning from the parents how this child had always been faced with play material and tasks which were a little beyond him, because he seemed so capable in many ways. Very early in life he had begun losing interest in doing things—very early he had begun being a failure in his own eyes and in the eyes of his parents. By the time we knew this boy he was a severe behavior and learning problem, with the problems considered entirely "organic."

After eight months, this boy, who at the age of eight was completely unable to imitatively fold a square piece of paper into a triangle, or even copy a square, was able to design, saw and hammer well enough to produce a recognizable boat, staying with it until it was completed. His first satisfaction in treatment came from simple crude finger painting, in which, as he put it, he "couldn't be wrong." Then, from being able to pound one nail he progressed to pounding six in a row, and finally by easy stages, to the boat.

Three years following the conclusion of treatment with this boy, in a spontaneous conversation with the therapist, he said, "Remember how I used to get all excited when things went wrong, and you stopped me when I got wild in that playroom and you told me how I was running away? I haven't forgotten any of those things—now, I try to stick with hard things, and my mom tries to help me."

This example serves to illustrate what we came to think of as the "emotional overlay" when an original organic problem existed. It appeared to be the emotional overlay that was causing a good deal of the problem in functioning. It also serves to illustrate the build-up of a pattern of response, from infancy on, into what might be called a learned response. This learned response had to be unlearned for the child to begin to function more efficiently.

The above thoughts may not be far removed from some of those expressed by Newland in his challenging article "Psycho-Social Aspects of the Adjustment of the Brain-Injured." [1]

In no case did the perceptual and conceptual problems disappear in the case of the handicapped children. Re-evaluations indicated these were still there from one to four years later, but to a lesser degree. The child was able to cope with them to quite an extent, and the family able to live comfortably with them. Some of this was undoubtedly due to increasing maturity, some to special teaching (though this was at a minimum) and some we felt must be due to the better self-understanding and better relationships.

Re-evaluations of Group C—the untreated, mildly handicapped children—yielded no such encouraging results. There were slight positive changes in the degree of perceptual problem, possibly reflecting increasing maturity, and similar slight toning down of behavior. Basically, the problems remained the same in the majority of cases, though there was noticeable improvement in three cases. Here, there was a real change in self-concept and in parent-child relationships. The diagnostic evaluation, which was therapeutically oriented, had, in itself possibly, achieved some lasting beneficial effect with the more mature and accepting parents.

Re-evaluation of the children in the severely handicapped group (Group D) three to four years later suggested little change in the majority except for increasing dependency and a gradual lessening of motivation in the most severe cases. Two of the children showed stronger withdrawal symptoms, and psychiatric care was urged. Essentially, they appeared to be quite happy and satisfied with life, possibly in a sense, reconciled. Those who had made some physical gains were more strongly motivated than the others, and possibly there will be a change in the direction of greater independence in these children.

Impressions

The findings of the studies of these four small groups of children point in the following direction:

1. Problems in the parent-child relationship appear to be an important factor in the malad-

[1] EXCEPTIONAL CHILDREN, Vol. 23, Jan. 1957—p. 149-53.

(Continued on page 305)

PURE TONE AUDIOMETRY with the mentally retarded

FRANK KODMAN, JR.
THEODORE R. POWERS
GEORGE M. WELLER
P. PHILIP PHILIP

This hearing survey was performed at the Kentucky Training Home, Frankfort, Kentucky. The authors wish to express their appreciation to A. M. Lyon, superintendent, L. F. Boland, medical director, and Ashley Mixson, psychologist, for their valuable assistance.

THE experienced tester may adapt conventional audiometry to the individual problem case without specifically analyzing his techniques, while at the same time meeting with a certain degree of success. For the unskilled tester, the solution is not as spontaneous. For example, special problems arise in testing mentally retarded children and adults as compared to subjects with normal learning ability. The general problem is amplified when efforts are made to test a large sample.

Conventional hearing survey methods (5) are not directly applicable to the mentally retarded for several reasons. The general purpose of hearing tests with the mentally retarded is not to determine absolute thresholds but rather to rule out hearing loss as a factor in diagnosis. Birch and Matthews (1) have called attention to some of the significant variables in the overall survey procedure and offered several pertinent suggestions for testing the mentally retarded individually.

This paper is based on the clinical observations of an audiometric team who tested a sample of 208 institutionalized, mentally retarded children and adults with a view toward recommending specific audiometric techniques for the special education teacher, clinical psychologist, pediatrician, otologist, audiologist, school nurse, audiometric technician, and others interested in pure tone audiometry.

• **FRANK KODMAN, JR.**, is director of the Audiology Clinic and assistant professor of psychology, University of Kentucky, Lexington. **THEODORE R. POWERS, GEORGE M. WELLER,** and **P. PHILIP PHILIP** are graduate assistants in the Department of Psychology, University of Kentucky.

Arbitrary Groupings

The mentally retarded were divided arbitrarily into the following categories of hearing testee candidates:

1. Those who would respond reliably to the Curry-Kurtzrock ear choice technique (2) insofar that they would point to the ear being tested. In other words, they were able to localize the stimulus according to right ear or left ear.
2. Those who would respond reliably using a verbal response or a bodily response but were unable to comprehend the concept of pointing to the *right* or *left ear*. Examples were raising the hand or simply stating that the tone was heard.
3. Those who would adopt an unconventional method of responding. Examples were subjects who gave a negative shake of the head, said they did not hear the tone when it was presented or gave an attention centering response.
4. Those who would not respond to pure tones but would respond to conversational speech.
5. Those who were not testable by pure tone audiometry. This group varied in behavior from those who gave false alarms throughout. A false alarm is defined as a response in the absence of a stimulus.

In addition to the above, other unique cases were noted. In several instances, a subject entered the testing area expecting to undergo a painful experience. One person actually thought he was going to have his teeth pulled. It was common to encounter 'partnerships' among the more handicapped. Two or more persons assisted each other in locomotion, in answering questions, or in trying to alleviate their respective anxieties. In some cases, one member would be unresponsive to the tester, but completely willing to follow the urging of his companion. In other partnerships, the members were testable as long as they could observe each other being tested.

General Principles

Before suggesting specific audiometric techniques, discussion of the various phases of the testing procedure; namely, the instructions, test duration, and psycho-physical method may be helpful.

All subjects were tested individually in preference to group testing methods. Directions were preferable to standard instructions. It was sometimes necessary to present them several times verbally and also by pantomime.

Directions were brief, simple, and essentially applicable to normal preschool children including the nursery school-age group. Rapport was established by a friendly, direct, conversational approach.

It was inadvisable to present the ear choice technique in terms of *right* ear or *left* ear since the concept of right and left was not always understood.

It was desirable to test one ear completely before proceeding to the opposite ear for a certain percentage of the cases. Before testing the opposite ear, the subject was reinstructed.

The duration of each test varied somewhat with the individual case. A rigid time schedule was not attempted. In other words, there was no special emphasis on the number to be tested per hour. Sufficient time was allowed for reliability of the responses. Retest was indicated in approximately one-third of the testable sample. In some cases, only two or three frequencies were questionable and needed to be repeated.

As to psycho-physical method, the conventional use of the modified method of limits (4) utilizing both ascending and descending approaches to threshold was not considered feasible. Previously, the descending series was found to give reliable results on a group of 15 mentally retarded children seen in the clinic prior to the present study. The descending series alone would be expected to yield slightly lower thresholds than the classical method of limits, however, the purpose here was to adopt a method which would give reliable threshold or near-threshold results with these subjects. Goldman (3) found the descending series to yield reliable results in testing a large group of elementary school children. Therefore, only the descending series was used.

For screening purposes, a sensation level of 15 db was used rather than 10 db. The test frequencies included 250, 500, 1000, 2000, 4000, and 8000 cycles. Thresholds were determined for those who failed the screening test. An advanced clinical audiometer, Maico model MA-1, was used which permitted use of a pulse tone, speech audiometry, and alternate presentation of the stimulus to either ear. Saw-toothed masking was introduced slowly when indicated and a practice period was allowed for orientation. When masking, the tone presented to the opposite ear was well above threshold before the descension to threshold was made. In both screening and minimal response methods, reinforcement was on the order of 30-40 percent. This was accomplished by presenting tones well above threshold (50-60 db sensation level) interspersed between the standard tone presentations.

With any pure tone procedure commonly used in hearing surveys with retarded subjects, it is doubtful that absolute thresholds are obtained as often as desired. Formal investigation is needed to determine the reliability and validity of pure tone audiometry with mental defectives. Whenever possible, the overall pure tone findings should be verified by means of test-retest, PGSR audiometry, speech audiometry, the peep show technique or preferably a combination of these methods. These measurements were beyond the scope of the present study.

Proposed Audiometric Procedure

1. *Orientation.* Begin by giving a simple demonstration of the testing situation to small groups using one of the members as a subject. Identifiable groups should be kept intact. The

remainder of the subjects can be asked to enter the testing room three at a time. Begin by testing one subject while the other two observe. Call each subject by name and approach him in a friendly manner. Conversation should be geared to a nursery school or kindergarden age level.

2. *Instructions.* The testing may begin as follows for the conventional case:

We are going to play a little game. I want to see if you can hear a sound coming out of this round thing (earphone). *Can you hear this?* A sample 500 cycle tone is presented at 60 db for orientation prior to the placement of the earphones.

When you hear the sound in this ear, raise this hand and when you hear it in this ear (opposite ear), *raise this hand.* The tester raises the subject's hand manually. If the subject does not comprehend the ear-choice technique, then one ear is tested at a time.

3. *Threshold procedure.* Record the minimal, modal response of 3-5 descensions to threshold for each frequency in each ear. Present the pulsed stimulus and allow ample time for the subject to respond. Present tones well above threshold as reinforcement of the stimulus-response procedure approximately 30-40 percent of the time. Verbal re-inforcement should also be employed. It will be necessary to modify the above to cope with special cases.

Summary

A sample of 208 institutionalized, mentally retarded children and adults were tested by pure tone audiometry. Modifications of standard pure tone techniques were suggested for testing the mentally retarded individually. It was recommended that the pure tone results be verified by means of test-retest, PGSR audiometry, speech audiometry, the peep show technique, or a combination of these methods.

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CEREBRAL PALSIED CHILDREN AND THEIR PARENTS

(Continued from page 302)

justment of the mildly handicapped cerebral palsied child.

2. The handicap itself does not appear to remain the child's basic problem, though it may have triggered the beginning of the problem.
3. The child with a mild handicap appears to have more severe adjustment problems arising from disturbed parent-child relationships than does the child with a severe handicap.
4. The typical "brain-injury" response appears to have a strong emotional component, and may be subject to modification.
5. There appears to be little basic difference in the emotional responses of the troubled child whether or not he happens to have a physical handicap.

These findings must be considered only suggestive. We are dealing with a small, selected group—selected on the basis of disturbed behavior—and certainly the findings may not apply to *all* cerebral palsied children and their parents. This study serves primarily to suggest both practical and theoretical research in the field of mental health. It points out the need for greater emphasis on the emotional health of the *mildly* handicapped child and his parents. It suggests a psycho-therapeutic approach to working with the "brain-injured" child and his parents in an attempt to understand as well as modify behavior. Insights into the self-concept and ego development could thereby be gained. Finally, it suggests that we not allow the presence of a physical handicap to color or prejudice our thinking in dealing with emotionally disturbed children and their parents.

EDUCATIONAL GUIDANCE AND THE DEAF CHILD

Edited by A. W. G. Ewing
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ROBERT FRISINA

Introduction

THE FOLLOWING is a summary of *Educational Guidance and the Deaf Child,* edited by A. W. G. Ewing, which brings under one cover a series of investigations completed during the 1952-56 period in the Department of Education of the Deaf, University of Manchester. Twelve workers in addition to the editor have contributed to this edition which is concerned with detection, assessment, and treatment of deafness. The first part deals with these areas during infancy and early childhood, the second part is devoted to these problems in the school-age child.

The purpose of these investigations was to determine the extent to which changes might be suggested in present provisions for English children who are handicapped by deafness. Emphasis was placed upon: early home training of parent and child; early use of electronic amplification systems; increased utilization of hearing aids with those possessing only limited residual hearing; mental and emotional development of deaf youngsters; and acoustics and measurement of hearing.

Early Home Training of Parent and Child

Detection

Irene Ewing describes the establishment of a widespread system of testing hearing of infants at maternity and child welfare centers through joint efforts of medical and paramedical disciplines. Health visitors were trained in screening methods for children ranging in age from nine months to five years.

Noisemakers, speech sounds, and comprehension of spoken commands were administered live in a sound field. The techniques evolved from studies of responses to auditory stimuli by infants with normal hearing. Screening tests gave information regarding a child's "ability to locate automatically such sounds as arouse his interest; ability to respond to sound whose frequency characteristics are representatives of the lower, middle, and upper parts of the speech range; ability to respond to sound at different levels of loudness." Meaningfulness of sound to a given individual was found to be most important for eliciting valid responses. That is, personalized sounds were more likely to evoke threshold responses than those unrelated to a given level of maturity.

Home training of parents

Guidance for parents of 112 deaf children under three years of age (by Dorothy M. Watson) began with a discussion concerning the nature, extent, and implications of deafness. The immediate goal was to help parents acquire insight and acceptance of the child with his handicap. Consultation with an otologist formed an integral part of this orientation. From the outset a trained worker went into the home to assist parents in handling the child because, "if . . . they are taught how to put the advice into practice, they are likely to accept more readily a responsibility which otherwise would have appeared too formidable." Individual sessions of 30 to 45 minutes with intervals of a week to several months provided opportunities for discussion and supervised practice by the parents. Group guidance was offered in large and selected sub-groups.

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Home training with hearing aids

Aileen M. Pickles investigated the ". . . benefits which could be achieved by deaf children who received home training which included the use of hearing aids before they were three years of age. Her principal aim was to study the extent to which they could be helped in their linguistic and social development." The research group consisted of 89 children; the age of onset in 78 cases preceded 11 months; the others, prior to two years. Thirty-nine children began training before two years and 50 started during the second year. Thresholds for pitch pipes and detectability for sound of voice ranged from 60 db to no response. Wearable and group auditory training units were used.

Rating scales for capacity to understand speech and ability to talk were devised. The results indicated significant gains in receptive and expressive language skills. The author concluded that after training,

> "Most of the chidren needed the help of expert teachers of the deaf to enable them to learn to speak in a manner that could be intelligible to strangers. This was true even of most of those severely and profoundly deaf, who had become able to talk very freely. The minority, who by the decision of medical officers and education authorities, were admitted to ordinary schools needed, in most cases, much further training to improve their speech. It was essential that all of those children who were taken into ordinary schools should have their general mental development and social adjustment, as well as their educational attainment, systematically investigated at regular intervals.
>
> "It must be emphasized that while some of the children in Group Y (thresholds of 80 db and greater) could discriminate and imitate phonemes very accurately, as a result of practice with a speech training hearing aid of high fidelity, many of them were precluded from doing so by total or profound deafness in part of the speech range of frequencies."

Increased Use of Hearing Aids by Profoundly Deaf Children

B. R. Clarke contributed a well-controlled experiment regarding the use of group hearing aids by profoundly deaf children. Two groups of 23 children, age six to 15 years, were matched with respect to hearing loss, intelligence, age of onset, etiology, age, sex, number of years in school, and occupational status of the parents. The experimental group received training in listening with electro-acoustic devices; the controls did not. The number of hours per week in which the auditory training units were used was increased gradually from two forty-five minute periods a week (with an additional 15 minute individual lesson in some cases). The auditory training lessons were well-graded and systematically presented. It became apparent at an early stage in the experiment that the main reasons for indifferent or unsuccessful results in the use of hearing aids with deaf children, were ". . . aimless and unsystematic procedures or at the other extereme, rigid forms of vowel and consonant drill which discourage pupil and teacher alike."

The basic steps in training were: (1) Developing an awareness to sound and making rudimentary auditory discriminations; (2) Enhancing perception of speech patterns and development of auditory symbolizations; (3) Refining auditory comprehension through appreciation of accent, rhythm, and inflection in speech; (4) Assisting in developing the fullest potential for use of audition in communication and social adjustment.

The results showed no statistically significant differences between the experimental and control groups in the following: reading vocabulary; silent reading; arithmetic achievement; articulation errors; and personality (maladjustment). Statistically significant differences (either .01 or .02 levels) in favor of the experimental group emerged in the following areas: Watt's language scale; speech perception (lipreading and hearing simultaneously); speech intelligibility; rhythm of spoken sentences; intonation; and rate of utterance.

Clarke's data clearly demonstrated benefits derived in receptive and expressive communicative skills from use of amplification systems with those having residual hearing. As the author pointed out, it also suggested that a multi-sensory approach, that is, use of vision and hearing simultaneously did not have a deleterious effect on either, but rather, enhanced receptive language abilities as reflected in the significant gains in speech perception by the experimental group.

Mental and Emotional Development

Eighteen to 65 months: D. C. Kendall studied the mental development of deaf children ranging in age from 18 to 65 months. Profoundly deaf (216 children) was defined as no response to sound or response to sound louder than 80 db above normal

threshold; severely deaf (125 children) 60-80 db above normal threshold; and partially deaf (51 children) 30-60 db, relative to normal threshold for two or more pitch pipes covering the range of 512-2048 cps.

A modified form of the Merrill-Palmer Scale and the Atkins Object-Fitting Test were administered to 392 hearing impaired children and 328 control subjects. No significant differences were found at any age level suggesting that deaf children in this age span are not handicapped in solving simple sensori-motor problems. No significant differences emerged on the bases of hearing loss or sex.

Kendall compared the social and emotional development of 162 hearing children and 424 deaf children. He found a higher incidence of difficulties among the deaf youngsters insofar as social withdrawal, toilet training, sleeping difficulty, overdependence, and temper tantrums were concerned.

Six to 10 year-old school children: L. P. Murphy's research was designed to gain some knowledge concerning the intellectual status of the deaf. Varying impressions had been derived from previous studies. These impressions, in part, seemed to be due to the techniques and tests used. Since language problems are so prevalent in deaf youngsters, it was deemed necessary that a non-verbal test be used. The performance scale of the Wechsler Intelligence Scale for Children was administered to 30 deaf males and 30 deaf females at yearly levels from 6.5 through 10.5. The total sample consisted of 150 boys and 150 girls from residential and day schools. The average IQ for the total group was 98.79, SD 15.90, not significantly different from the population on which the test was standardized. There were no statistically signficant differences between mean IQ's of, (a) deaf males and females; (b) day and residential school children; (c) those born deaf and those having a later onset. Murphy concluded that in the hands of an experienced clinician the WISC performance scale can help in classifying students in terms of their general ability.

A survey of emotional adjustment which was made in day and residential schools for the deaf dealt with enuresis, nail-biting and persistent thumb-sucking, sleeping and eating habits, and adjustment to parents and siblings. Murphy suggested that of the 300 children comprising his sample, 224 showed average or better adjustment; 76 were in need of some special attention.

Twelve-year olds: K. P. Murphy surveyed the 12-year olds (283 males; 230 females) in 36 schools for the deaf in England, Wales, and the Republic of Eire. The average IQ on the Wechsler Performance Scale was 100.26, SD 15.98. Reading vocabulary scores resulted in no difference between the sexes. In vocabulary and arithmetic scores the partially deaf (better than 60 db) were significantly better than those having 60-80 db loss and those with greater losses than 80 db across the range of 512-2048 cps. Mechanical arithmetic scores seemed related to IQ in a moderate way for deaf males and partially deaf females. The WISC was found to be a useful device for testing the deaf. The results substantiated by findings of other investigations to the effect that the deaf are essentially within normal limits insofar as general intelligence is concerned.

School-age children at various levels: P. Gaskill, using the Wechsler Performance Scale, found a mean IQ at 97 for one group of 465 children tested in schools for the deaf and partially deaf. No significant differences emerged with respect to age of onset.

A study of 350 senior deaf pupils on the 1938 Raven's Progressive Matrices suggested that 50 percent of the pupils were below average. On the other hand, the 1947 Progressive Matrices proved very satisfactory when used as an individual test. Two-hundred-eighty-nine deaf children, five to eleven years, scored a mean of 97.9, SD 20.8, which did not differ significantly from the standardization group. At the secondary school level,

> "A study of individual ability differences at the Mary Hare Grammer School for the Deaf indicated that most pupils selected by examination had the necessary intelligence for higher education. The Wechsler Performance Scale showed no significant differences between the mean IQ of any particular category of deaf child at this level. Adventitiously deaf and partially deaf pupils proved considerably more successful in school certificate work, but the deaf (congenital) made commendable progress considering their language difficulty."

Acoustics and the Measurement of Hearing

Midgely examined the sweep-frequency or sweep-check technique as a method for screening the hearing of five and six-year-old school children and

concluded that it was, ". . . the most promising screening test for this age group." This technique, checking octave intervals between 256 and 4096 cps, at + 15 db, re normal threshold, was compared with the Fading-Numbers Test and a Constant-Intensity Word Test. Fifty children, aged six years, were tested with the Fading-Numbers Test. Twenty-four of the 100 ears examined failed this test, but on subsequent pure tone tests were found to be normal. Six children with pure tone losses greater than 15 db at one or more frequencies passed the Fading-Numbers Test. Although, when individuals were grouped on the basis of pure tone audiometric tests, as normal (10 db or better at all frequencies); borderline (15 db at one or more frequencies) and abnormal (20 db at one or more frequencies), differences between mean threshold as determined by the Fading-Numbers Test did reach statistical significance between the normal and borderline groups as well as between the borderline and abnormal. In spite of this, the researcher points out that serious discrepancies occurred in individual cases. Little satisfaction was gained through the use of the Constant-Intensity Word Test.

Midgely's preference for the Sweep-Frequency Test resulted from her testing 244 children at a level of 15 db above normal threshold. An analysis was made of the number of children with hearing losses who were missed (overlooked) by this technique and those who were incorrectly reported as having hearing losses of a magnitude greater than the 15 db level at one frequency or more. Three children were overlooked and only 11 were incorrectly chosen as having a hearing loss. It was suggested that percentage of error in either direction is related to the noise conditions of the environment. Noise levels should not exceed approximately 36-40 db above normal threshold and reverberation time should not exceed 2.4 seconds.

Speech audiometry for children: Standardized tests for speech audiometry were not generally appropriate for severely and profoundly deaf youngsters because Phonetically Balanced Word Lists and Spondee Lists often were beyond their vocabulary range. Therefore, T. J. Watson devised simpler mono-syllabic word lists, sentence lists, and words-picture lists. In many individuals only a threshold of detectability for speech, rather than word responses, was elicited. On the basis of the threshold of detectability, a tentative guide for grouping in auditory training was proposed: (1) Thresholds over 90 db, re normal threshold; (2) Thresholds between 70 and 90 db; and (3) Thresholds less than 70 db above normal threshold. For speech audiometry with severely deaf pupils, it was found that maximum undistorted output needed to be at least 120 db above normal threshold of detectability.

A chapter dealing with acoustics and efficiency in the use of hearing aids is included. A clear description of sound and hearing aids is provided by J. E. J. John. Problems and implications of standing waves, acoustic feedback, reverberation, transmission of noise, and acceptable noise levels in classrooms are given. In another chapter he collaborated with Thomas in discussing the design and construction of schools for the deaf in which they outline various sources and means of controlling extra-building, intra-building, and intra-classroom noises. They suggested that reverberation time is most satisfactory in classrooms for the deaf when it is on the order of .5 seconds. A brief discussion of sound absorptive materials is also included. The description of a seemingly technical subject to teachers is in reality quite clearly set forth and should be readily understood by those with relatively little background in physics or acoustics.

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Preschool Experiences of Physically Handicapped Children

LEROY LARSON

THIS investigation [1] attempts to assess the adequacy of the general experience background of physically handicapped children by comparing their experiences in various critical areas with those of physically normal children of the same age, sex, and social status. The investigation is primarily concerned with those experiences which are thought by experts to have value in the educational, social, and personal development of children, and in some respects resembles those investigations which have had as their main purpose the determination of the relationships between school progress and preschool experiences.

The sample of handicapped children employed in this investigation consisted of 135 boys and girls, ages three to six inclusive. The list was obtained through the State Services for Crippled Children, State of Iowa; the Orthopedic and Pediatric Outpatient Clinics at Children's Hospital, State University of Iowa; and the Hospital School for Severely Handicapped Children, State University of Iowa.

A control group of 135 physically normal children of the same age, sex, social status, and community background as children in the handicapped group was used for comparative purposes. Of the 135 crippled children, 74 had cerebral palsy, 18 had poliomyelitis residual, 43 had other types of handicaps, including congenital arm loss, multiple crippling of the legs, epilepsy, arthrogryposis, muscular dystrophy, and others. The matching of the children in the experimental and control groups with respect to social status was accomplished by means of a modified Warner scale, employing the following categories: occupation, source of income, and education of the father.

In the process of collecting data the parents of the 270 children were interviewed by the writer. For this purpose a 95-item interview guide was developed and used. This instrument was prepared with the assistance of child psychologists and authorities in elementary education. In a sense it incorporated those experiences which these experts thought to be significant in the development of young children. In the preparation of the instrument the writer drew upon an earlier investi-

[1] Based upon the doctoral thesis of the writer, State University of Iowa. Thesis Committee: James B. Stroud, A. N. Hieronymus, and R. R. Rembolt.

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gation of Eller.[2] The areas of experiences sampled may be seen in the treatment of results which follows.

Results

It was possible to group many of the items together under certain heads, inasmuch as they related to the same area of experience. This procedure was followed in order to facilitate the statistical analyses of the data. These categories form the topic headings in the following:

Socialization. Thirteen items, with a possible score of 60 points, were treated together under this category. A three dimensional factorial design was employed in testing the significance of the differences between the means for the handicapped and physically normal groups. Because significant interaction involving age, socioeconomic status, and handicapped-normal condition was obtained, the results were analyzed separately for the four age groups and two social class levels, middle and lower. This analysis resulted in a total mean (four age groups and two social class groups combined) of 45.05 for the physically normal children and 33.78 for the physically handicapped children—a difference significant beyond the one percent level of confidence.

Under the socialization category were grouped those items in the instrument which pertained to experiences affecting the child's social relationship with other children and with adults—in such situations as picnics, family social calls, parties, church and Sunday school, and experiences with playground equipment. Included in this list were questions pertaining to number of friends of own age regularly played with, number regularly visiting in child's home, number of friends regularly visited in their homes. The experiences dealt with in the socialization category are not so abundantly provided for the physically handicapped child as for the physically normal child of the same age and social class.

Recognition. The area recognition includes two sub-areas: (1) Facilities and (2) Parental attention. *Facilities* incorporates such materials as books for children, records, magazines, dolls, toy trucks and planes, musical instruments, and the child's having his own bedroom. These facilities are thought to be evidences of recognition because of the likelihood that their possession tends to give the child a certain amount of status and evidence of parental love and acceptance. The sub-area *parental attention* pertains to the amount of time parents and other members of the family spend with the children, and to the nature of the relationships. Some of the questions asked in the interviews were essentially as follows: Approximately how many hours per week do parents read to the child? How many hour per week do older children spend in reading to him? Does either parent play indoor or outdoor games with the child? How often? Do parents frequently take the child with them on short trips in the car? Does he participate in competitive games? Does any member of the family sing or play musical instruments for the child? A total of 13 experience items was listed under the heading *recognition.* Statistically significant differences were found, favoring the physically normal group, at all age levels and for both social class levels.

Outside Experiences. In the interviews parents were asked about visits to grocery store, large department store, museum or art gallery, zoo, circus, carnival, dairy, hatchery, factory, police or fire station, vacation land, lake, woods, beach, swimming pool, and certain kinds of participation, such as swimming, riding on merry-go-round, travel to Rocky Mountains or east of Chicago. Other questions relating to outside experiences were asked about attendance, featuring concerts, plays, shows, movies (accompanied by adult), county or state fair, baseball games, high school games, and drive-in theater.

Overall differences favoring the physically normal group on the experiences listed in the category *outside experiences* were statistically significant at all age levels. However, the differences were numerically greater at the older age levels. Perhaps it is worth noting that the types of experience showing the widest differences were: trips to grocery store, woods, swimming pool, and carnival. Next in order came circus, zoo, factory, police or fire station, vacation, and travel. A total of 23 items was directed toward outside experiences.

[2] Eller, William, "Relationships Between Certain Socioeconomic Factors and the Experience Backgrounds of First Grade Children," Doctoral Dissertation, State University of Iowa, 1950.

TABLE 1—EXPERIENCE SCORES

Age	Handicapped Group N	Handicapped Group Mean	Normal Group N	Normal Group Mean
3	39	26.60	39	35.62
4	39	30.44	39	40.31
5	27	29.07	27	45.22
6	18	32.56	18	44.33

Knowledge and Experience. Questions asked of parents in this connection included such items as number of songs and nursery rhymes known, and sources of common food stuffs. Parents were also questioned about such experiences as having parts in public programs, spending money, taking care of pets, using tools, planting and tilling gardens, use of public transportation, helping with household chores, taking care of younger children, use of play materials, personal responsibilities (brushing teeth, hanging clothes in closet, putting toys away) using telephone, spending night in hotel or tourist court, playing in neighbor's yard, accompanying other children downtown, practicing music, operating radio or record player. Just as an example, 55 percent of the parents of the handicapped group reported that the child in question was familiar with the story of "Goldilocks and the Three Bears." By contrast, 95 percent of the parents of the physically normal group stated that the child in question was familiar with this story.

For illustrative purposes, the means of the scores of the two groups on the experience items by age level are reported in Table 1. Since social class differences were negligible for this category, data are not reported separately for the two social class groups. It may be of interest to know that, of the 123 pairs of children represented in this table, 82 of the families were rated (Warner Index of Social Class) as lower class and that 41 were rated as middle class.

Table 2 presents the mean scores of the two groups on each of the major categories. It should be noted that several items which did not logically fall into any of these categories were treated separately as a miscellaneous category and are not summarized in the table.

These differences are all significant at the one percent level of confidence. In addition to treatment by areas or categories many of the items, 61 in all, lent themselves to individual treatment by the Chi square test of independence. These tests were made. It is of interest to note that in no case was a difference found favoring the handicapped group. All differences favored the physically normal group. Forty-six of the 61 tests yielded differences significant at the one percent level of confidence. Six others were significant at the five percent level of confidence.

TABLE 2—STATISTICAL SUMMARY

Category	Mean Scores Handicapped	Mean Scores Normal
Socialization	33.78	45.05
Recognition	27.54	33.14
Outside Experiences	39.87	55.65
Knowledge and Experience	39.14	56.23

Summary

The experience needs of the physically handicapped children investigated (N=135, ages 3-6) are not so well met as those of the physically normal children making up the comparison group. In nearly every comparison made the handicapped children were at a disadvantage. In no single case did they have an advantage. There is no evidence of compensation. It may be understandable why certain physically handicapped children may have had very limited experience in hiking in the woods or riding on a merry-go-round. However, they appear to compare just as unfavorably in knowledge of "Goldilocks and the Three Bears" or "Jack Sprat." It is suggested that the majority of experiences asked about in the interviews could have been more abundantly provided for physically handicapped children had the parents been made aware of their importance.

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Motivation, Adjustment, and Anxiety
OF CEREBRAL PALSIED CHILDREN

RAYMOND H. HOLDEN

Introduction

So much attention has been paid to the differences between cerebral palsied and normal children that we often tend to overlook the fact that any child, physically handicapped or not, has important relationships with parents, relatives, friends, teachers, and neighbors. Thus, every child must learn to interact with others. That brain-injured children interact differently from others cannot be taken for granted without research. It is work such as Werner's (6) that is beginning to throw some light on this problem.

In the area of personality development, very little is known about the motivation of cerebral palsied children, but it is generally considered to be poor. Cerebral palsied children *perseverate*, but do they *persevere?* What is their level of aspiration? This paper will report two experiments, First, an attempt will be made to evaluate the strength of motivation of a group of nursery school aged cerebral palsied children. Secondly, an attempt will be made to compare the strength of motivation with therapists' estimates of improvement in this same group.

IN THE psychological testing of children we know what we mean by a well motivated or a poorly motivated subject. We can rate our subject by checking the rating scale, for example, on the Revised Stanford Binet. This scale, labeled "Willingness" ranges from "active objection" (a resistant attitude and lack of motivation) though "Normal attitude because proper" (a relatively detached non-ego involved attitude) to "enthusiastic eagerness" (a high degree of motivation and acceptance of the challenge of the task). Both extremes of the scale are characterized by strong ego involvement—indicated at one end by an active refusal and at the other by active participation. Because it is learned, the subject's attitude towards a task (motivation) probably reflects attitudes of others toward the child, notably the attitudes of his parents. As an illustration of this point, Carter and Chess (2) conclude from a study of the factors influencing the adjustment of orthopedically handicapped children:

> "In our cases the most prominent single factor in determining whether anxiety became an important element seemed to be the parental attitude. Where the parents or dominant parent (usually the mother) was most fearful and over-protective, the child seemed least able to make the sort of adjustment that permitted constructive relationships with his peers. Underprotection came second as a distorting factor. Where the parental attitude was most realistic, the child seemed best able to work out his realistic evaluation of his limitations and maintain healthy companionships." (2, p. 328)

Thus, motivation can be thought of as one aspect of a much larger framework, that of the child's outlook on himself and his relation to the world—in other words, his adjustment. The relationship of motivation to adjustment is not one-to-one in all instances, in the sense that high motivation necessarily goes with good adjustment. A strongly motivated individual may be a well-adjusted individual, but he may also be expressing a compulsive need for mastery which is neurotically determined. (5). In our present competitive society, we place a high value on strong motivation and success. On the other hand, a poorly motivated individual does seem to be a poorly adjusted one. Poor motivation may indicate feelings of inadequacy, lack of worth and low self-esteem, and result in the child's giving up

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the competitive struggle because he feels that the task is too difficult, too demanding or too threatening. In other words, too anxiety provoking. We have here another variable to be considered, the role of anxiety.

The purpose of the present set of experiments is to investigate some relationships between motivation, adjustment, and anxiety in a small group of brain-injured physically handicapped (cerebral palsied) children.

Experiment One

Procedure: 35 nursery school cerebral palsied children attending the Meeting Street School Children's Rehabilitation Center in Providence, R.I., between the ages of three and six years were the subjects. A five point rating scale was constructed to measure the strength of certain personality characteristics (strength of motivation, adjustment, and anxiety) as well as characteristics supposedly attributable to brain damage (hyperactivity, attention span, and distractibility).

These characteristics to be rated were presented to judges on a five point scale. The raters were (1) nursery school teacher, (2) occupational therapist, and (3) physical therapist, each of whom had been seeing every child tri-weekly over a six month period. Each judge was asked to make her ratings and judgments independently of anyone else. Although eight items were rated on each child, only three of the eight characteristics will be considered: motivation, adjustment and anxiety.

Predictions: Predictions will be based on the hypotheses about motivation and its relation to adjustment and anxiety as discussed in the earlier part of this paper.

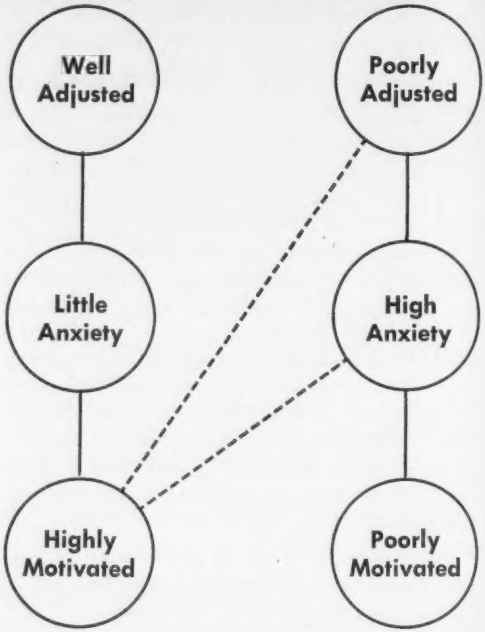
Prediction One: Children rated low in motivation will also be rated as poorly adjusted and high in anxiety.

Prediction Two: Children rated high in motivation may be rated as well adjusted and low in anxiety, *or* they may be rated as poorly adjusted and high in anxiety. The rationale behind this prediction is that our society puts a high value on motivation and success, and this is a goal of both well-adjusted and poorly-adjusted individuals. The poorly-adjusted may be attempting to compensate for inadequacy or lack of self-esteem, trying hard all the same.

It is important to note that this is a prediction and not a *post hoc* statement based on the results. It is also important to note that as an "either-or" prediction it does not include any consideration of a "middle of the road" result, which of course could be entirely possible with the use of a five-point rating scale. Of the scientific worthwhileness of postulating an "either-or" result, Blum (1) has this to say:

> "It is perfectly permissible and often necessary, in light of our currently limited knowledge about personality, to make contingent predictions; in other words to state in advance that an individual will behave in either of two opposite extreme fashions *but not anywhere between them.* If the mechanism accurately describes a kind of behavior, then it behooves us to make allowance for its operation in our experimental designs, rather than to oversimplify data by ignoring relevant factors." (1, p. 126)

FIG. I—RELATIONSHIPS OF MOTIVATION, ANXIETY, AND ADJUSTMENT IN YOUNG CEREBRAL PALSIED CHILDREN.



Results:

Prediction one is verified by the results. Of the 35 children rated, 15 were rated as low in motivation. Of these 15, 12 (80 percent) were rated as both poorly adjusted and high in anxiety. This seems to be a consistent relationship, and the lack of even

greater agreement appeared to be due to a small number of deviant ratings by one of the three judges.

Prediction two is verified in part. Seventy four percent of the children were rated as possessing average or high motivation. Of the 10 children rated as highly motivated, five were rated as highly anxious, and five were rated low in anxiety. However, there was no clear cut relationship between high motivation and adjustment: Of the 10 "highly motivated" children, four were rated as well adjusted, three as adequately adjusted, and three as poorly adjusted. This appears to be nothing more than a chance distribution. The one really safe prediction (p .01) is that poorly motivated cerebral palsied children are also poorly adjusted and highly anxious.

The reliability of the raters was high. In a sample of 10 cases (80 ratings), 94 percent of the ratings agreed exactly or differed only by one point along the five point scale. Thus the ratings appear to be accurate and capable of being reproduced by other observers.

The teacher and therapists commented that they would have preferred to have made ratings on motivations in specific situations, since they did not feel too comfortable about rating what they felt was "motivation in general." Whether or not they were rating individuals in specific or general, at least their ratings agree with other ratings made in the specific situation of psychological testing. For example, as stated above, 74 percent of the children were rated by the judges as possessing average or high motivation. In an independent rating, the author tabulated 51 ratings on the scale of "Willingness" on the Revised Stanford-Binet, ratings which had been made by psychologists at the time of individual testing. Seventy-six percent of 51 children were found to have been rated as demonstrating average or better than average willingness or, in other words, motivation. This is extremely good agreement between independent raters, rating in different situations at different periods in time.

Experiment Two

In a second experiment, an attempt was made to determine whether or not a relationship exists between high motivation and estimates of improvement in physical progress or behavior. For this experiment, a check list procedure was utilized. Unbeknown to the raters, the children listed were 10 children who had been rated as highly motivated, and 10 children who had been rated as poorly motivated by the same raters three weeks previously. The names of the children were presented in alphabetical order without regard to previous rating. The therapists were asked to determine, based on their observations, which of this list of 20 children had made (1) *little or no progress,* or (2) *average to good progress* physically, or in group adaptation. There was again close agreement between the judges, with consistent ratings on 17 of the 20 children by all three judges.

Our prediction would be that children who were highly motivated to accomplish and succeed would be the children who would make the most noticeable progress. This progress would be evidenced either in physical accomplishments in therapy, in attention or alertness in the nursery school, or in increased social adaptability with other children; or in a combination of these, depending of course on the child's total personality and his expression of drive or motivation.

The results confirm the expected relationship. A Pearson r derived from the coefficient with the assumption of continuity (3) was computed for the data; $r = +.79$, which is interpreted as indicating a high relationship between high motivation and good progress.

Discussion

The above findings lend support to the generalization that cerebral palsied children are adequately or highly motivated when a group of individual children are compared. However, why do we have statements that cerebral palsied children are poorly motivated? It is the opinion of this author that such statements are stereotyped generalizations not based on any scientific evidence. To test this latter assumption, the three raters who had rated the children individually and whose results we have been considering (the same raters whose judgments when pooled showed 74 percent of the cerebral palsied children were adequately or highly motivated), were asked to rate cerebral palsied children *in general* on motivation, adjustment, and anxiety. They quickly and easily completed the questionaire by rating the children as a group, *in general,* as poorly motivated, poorly adjusted, and highly anxious. Thus, it appears

that overall ratings of a group give differing results than when judgments of individuals are pooled to obtain a group result.

The exploratory experiments described point to the need for further study of this important area, with increased sharpening of predictions, increased sharpening of measuring tools, and sharpening of observer's judgments. Further work needs to be done on the relationship of motivation to other personality characteristics, on the determinants of motivation or lack of it in cerebral palsied children, on self-attitudes, and attitudes towards others. Particularly important, in the light of Carter and Chess' (2) work, is systematic evaluation of *the parents' attitudes towards the child*, from whence the child's own attitudes are learned.

Summary

To summarize, the present paper has sought to bring some attention to personality characteristics of cerebral palsied children within a framework which does not assume that *all* of the brain injured child's behavior is due to brain injury. A simple experimental procedure was utilized to ascertain the degree of motivation of cerebral palsied children of nursery school age; and certain relationships were postulated, and found to hold true, between motivation, adjustment, and anxiety. Poorly motivated children were, almost without exception, rated as poorly adjusted and highly anxious. However, the majority of the children in this study were *not* poorly motivated. Seventy-four percent of the 28 children studied were rated as average or high in motivation. A highly significant correlation ($r = +.79$) was found in this study to exist between ratings of high motivation and good progress in the nursery group either in physical improvement or better social adjustment. Further refinements in the investigation of the relation of motivation to other personality characteristics, and particularly systematic evaluation of the parents' attitudes towards the child are recommended.

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TAXES

TAXES

TAXES

Teachers pay them too!

The National Education Association, with a membership of more than 700,000 teachers, calls for support of legislation which will provide teachers with a workable description of ordinary and necessary business expenses—such as summer session or evening courses in order to make them deductible from income subject to federal taxes.

•

Now available: A MATTER OF DEDUCTION, eight-page leaflet, explaining the need for equitable tax treatment for teachers.

•

Contents: Questions and answers about HR 4664, the King-Jenkins bill.

•

You can help: Write your member of Congress now and tell him you favor the bill and write for free copies of A MATTER OF DEDUCTION. The latter may be obtained free of charge from the NEA, Division of Legislation and Federal Relations, 1201 16th St., N.W., Washington 6, D.C.

Bulletin

NATIONAL ORGANIZATIONS SEND REPRESENTATIVES TO K. C.

Many national organizations concerned with the education, rehabilitation, and welfare of exceptional children are actively participating in ICEC's Kansas City convention.

The National Education Association representative at the convention is Lyle W. Ashby, assistant executive secretary for educational services. His address will cover "Today's Challenge to Professional Organizations," and is to be presented at the Wednesday morning second general session.

SPEAKERS HIGHLIGHT TOPICS

Viktor Lowenfeld, head of the department of art education, Pennsylvania State University, will discuss "The Meaning of Creative Arts for Exceptional Children. "This will be the feature event of the general luncheon sponsored by the Missouri Federation.

"A Look at the Future," is the title of the talk by Gunnar Dybwad, executive director, National Association for Retarded Children, at the Wednesday morning section meeting on *Trends in the Education of Trainable Mentally Retarded Children.* Franklin M. Foote, M.D., executive director, National Society for the Prevention of Blindness, is the chairman of the section meeting on *Medical Advances in Vision,* planned for the same morning. Dr. Foote also participates in other section meetings at this convention. Ben H. Gray, national director, National Epilepsy League, is a participant in the *Symposium on the Epileptic,* to be held on Wednesday afternoon. His topic—"A National Program of Acceptance."

The National Society for Crippled Children and Adults, Inc., is represented by its executive director, Dean W. Roberts, M.D., and Jayne Shover, the Society's associate director. Dr. Roberts co-chairs the section of the *Role of Private Health Organizations Serving Exceptional Children,* scheduled for Wednesday afternoon. The keynote address at this meeting, "Cultural and Social Consideration for Private Health Organizations," is to be presented by Stephen Richardson, assistant director, Association for the Aid of Crippled Children. Discussants include Godfrey W. Stevens, educational director of UCP, and Crayton Walker, executive director, American Hearing Society.

In addition to the above, there are several other persons associated with top positions of national organizations who appear in various meetings throughout the convention program. ICEC is honored in their presence and appreciates the assistance they are giving to the occasion.

A Thursday afternoon section meeting devoted to *Observations and Trends in the Education of the Exceptional Child in the Western Hemisphere* is led by Mary E. Harnett, chairman of ICEC's committee on international relations, with the help of committee members. Romaine R. Mackie, chief, exceptional children and youth, U.S. Office of Education, presents "Canada and the United States: A Review of the International Northern Great Plains Conference in Special Education." The final feature is an illustrated talk by John W.

Chase

Lyle W. Ashby

Viktor Lowenfeld

Blackstone

Gunnar Dybwad

Franklin M. Foote

Blackstone

Ben H. Gray

Fabian Bachrach

Dean W. Roberts

Oliver J. Caldwell

Crayton Walker

Romaine Mackie

John W. Tenny

Tenny, professor of special education at Wayne State University, on South America.

FOCUS IS ON THE GIFTED

Future manpower needs and scholarship programs receive consideration as the convention focuses on the education of the gifted at the elementary and secondary school levels.

Participants in *Studies on Giftedness,* a section meeting planned for Wednesday morning are: Albert I. Oliver, chairman of ICEC's committee on the gifted, A. Harry Passow, Gertrude A. Barber, James J. Gallagher and Elizabeth Drews. *Elementary School Program for Gifted Pupils* is the title of a Thursday morning section meeting.

The academically talented high school student is the subject of five meetings co-sponsored by NEA, under the chairmanship of J. Ned Bryan, director, NEA Project on the Academically Talented—all to be held on Friday and Saturday. The topic is introduced at General Session V, on Friday morning, with the principal address "Motivation to High Achievement," to be delivered by Nicholas Hobbs, chairman, division of human development and guidance, George Peabody College for Teachers. This is followed by a symposium, and study and discussion groups. Your printed convention program will carry full details. Study it carefully.

CONVENTION HAS INTERNATIONAL SCOPE

The professional meetings reflect the increasing international interest in the exceptional. "Education of Exceptional Children in the USSR," the principal address at the opening meeting, will be given by Oliver J. Caldwell, assistant commissioner of international education, U.S. Office of Education.

Exceptional Children's Week

To focus attention on ICEC's convention, April 7-12, 1958 has been proclaimed "Exceptional Children's Week," in Kansas City, by the Honorable H. Roe Bartle, mayor.

Education of Exceptional Children in Canada is the subject of the third general session on Thursday morning. Florence S. Dunlop, a past president of ICEC and supervisor of special education in the Ottawa Public Schools, chairs the meeting in which leading Canadian special educators participate. Many phases of special education in the Atlantic Provinces will be discussed.

MEDICAL ADVANCES STRESSED

Members of the medical profession, well represented at the section meetings, bring to the convention news and views of advances, observations, and approaches to the medical problems of the exceptional child.

Wednesday morning, section meetings include *Medical Advances in Vision,* covering recent progress in eye surgery and treatment. newer optical aid for children with low vision, and current knowledge about myopia. Scheduled also for that morning is a session on *Medical Advances in Crippling and Special Health Conditions.* Topics include "Advances in Orthopaedic Research and Treatment" presented by George W. N. Eggers, M.D., professor of orthopaedic surgery, University of Texas Medical Branch; "Progress in the Field of Neurology with Emphasis on Cerebral Palsy and Muscular Dystrophy," delivered by Chester Swinyard, M.D., medical director, Rehabilita-

tion Center, University of Utah, and "Medical Advances in the Cardiac Field," by Richard J. Waters, M.D., assistant clinical professor of pediatrics, Yale University School of Medicine.

The Wednesday afternoon *Symposium on Epilepsy* includes "Modern Medical Practice —A Foundation for Acceptance," by Ludlow M. Pence, M.D., director, epilepsy clinic, Parkland Memorial Hospital, Dallas Texas.

The *Symposium on Mongolism* scheduled for Thursday morning embraces the topic "The Medical Considerations of Mongolism," by C. Arden Miller, M.D., assistant dean, University of Kansas College of Medicine. The section meeting on *Studies in Mental Retardation* to be held Thursday afternoon, presents "The Medical Approach to Mental Retardation," Dr. T. R. Pfundt, assistant professor, pediatrics and preventive medicine, University of Oklahoma Medical Center.

ICEC Briefs

ICEC NOMINATES ELEANOR VANCE FOR THE PRESIDENT'S AWARD

Annually, some handicapped adult enjoys the thrill of being the recipient of the President's Award. The purpose is to recognize significant contributions in behalf of the employment of handicapped persons. This year's ICEC candidate, named by Dorothy Pasch's committee on the handicapped person of the year, is Eleanor Graham Vance of Edinburg, Texas.

Mrs. Vance, who contracted poliomyelitis as a child, is a homemaker, teacher, lecturer, poet, and writer. She was a teacher of the physically handicapped in the Pittsburgh schools, served as a research worker for colonial Williamsburg, and has contributed to such magazines as the *Saturday Evening Post, New York,* and *Good Housekeeping.* In addition she is the author of eight books for children and two volumes of verse. Among her several recognitions is included a Litt.D. degree awarded by Westminster College in 1952.

As soon as the President's Committee selects a winner from among its many nominees, this *Bulletin* will announce it.

Welcome to Kansas City

I consider it a privilege to have this opportunity to extend a hearty welcome to representatives of the International Council for Exceptional Children as they assemble in Kansas City, Missouri, April 8 to 12, for their national convention.

Speaking on behalf of the entire personnel of the public school system, we are pleased that Kansas City was chosen as host city for this important meeting, and we pledge our full cooperation in making the occasion as pleastant and rewarding as possible.

In furthering the great service to humanity to which this splendid group of educators are so sincerely dedicated, it is my earnest hope that the exchange of ideas and discussions may prove most valuable and many problems be solved as an outcome of this 1958 convention.

I am sure that working with the large number of exceptional children to be found in any community is a challenging, inspiring field of service, for which the largest rewards are found in the knowledge that great benefits can be and are accomplished in broadening the lives of these boys and girls, making them happier, more independent and contributing members of society.

It seems to me that the Divine quotation, "When ye have done it unto the least of these, my brethern, ye have it unto Me," is truly applicable to those who devote their lives and talents to this vital field of education, and I always feel especially honored when I am privileged to share their endeavors.

While in Kansas City, we want the International Council for Exceptional Children to know that the staff of the public schools are at their service, and hope they will not hesitate to call on us at any time.

JAMES A. HAZLETT
Superintendent of Schools and
Honorary Chairman

Memorandum

To: The ICEC Official Family

This is to express appreciation to the many chapter, federation, and division presidents and committee chairmen, as well as to governing board members for the response given to the special memorandum we have addressed to you about once per month. Most of you have shared it at the meetings of your group, with the result that discussions have followed and important decisions and recommendations have been reached.

This is all to the good of the Council. In the meantime, we shall continue to keep you posted through this medium on all urgent and semi-confidential matters that can be better handled that way than through the pages of the *Bulletin*.

Cordially yours,

HARLEY Z. WOODEN, *Executive Secretary*
MAURICE H. FOURACRE, *President*

MEMBERSHIP NEWS

By the end of last December, 5796 memberships had been processed at headquarters for 1958.

New chapters welcomed into the ICEC family during the month were: Marion L. Little Chapter (New Jersey) 300 and Albuquerque Chapter (New Mexico) 301.

PENNSYLVANIA FEDERATION AND ERIE COUNCIL MEET JOINTLY

The Pennsylvania Federation announces its third meeting to be held jointly with the seventh meeting of the Erie Council.

The dates are April 25-26 at the Lawrence Hotel in Erie, Pennsylvania. Address your inquiries and reservations to Gertrude A. Barber, assistant superintendent of schools, Board of Education, 224 French St., Erie.

OKLAHOMA STATE CHAPTER EARNS GOVERNING BOARD SEAT

It requires 100 members for a state to possess a seat on the governing board. Oklahoma all but reached that goal in 1957, having enrolled 99 members for that year. For 1958, the records showed 112 on January 1, with promises of more to come.

President Earl Blank and Vice President Katherine Perry and all their good co-workers are to be congratulated on this achievement.

FALL REGIONAL FOR 1958 DESIGNED FOR ICEC ROCKY MOUNTAIN AREA

President Fouracre has named the chairmen for the 1958 Fall Regional. Ellen Thiel, University of Utah, Salt Lake City, has accepted as program chairman; Norris F. Bush, director of special education and pupil personnel, Denver, will serve as local arrangements chairman; and Charls High, State Department of Education, Tallahassee, Florida, has consented to be chapter workshop chairman. All are busy with plans for the big event.

The dates are November 5-8, 1958, with the Colorado State Chapter as host.

Conference headquarters will be in the Cosmopolitan Hotel, Denver. States and provinces cooperating include:

Alberta	Nevada
Arizona	New Mexico
Colorado	North Dakota
Idaho	Oklahoma
Iowa	Saskatchewan
Kansas	South Dakota
Manitoba	Texas
Missouri	Utah
Montana	Wyoming
Nebraska	

More later about the plans for this conference and the beautiful setting of Denver, a mile high city at the foot of the Rockies. Watch the *Bulletin*.

ICEC MEETS AT CLEVELAND DURING NEA CONVENTION

You may be hoping for warm weather to come, but along about NEA convention time, your thoughts will be turning to a nice cool breeze. Fortunately, the NEA convention, which is to be held in Cleveland, Ohio, promises to provide a built-in breeze, pulled right off Lake Erie. The dates are June 29-July 4th.

On Monday, June 30, ICEC will hold a series of meetings, with the Cleveland Chapter as host for the occasion.

Plan to route your vacation trip through this Ohio metropolis. In addition to the meetings, interesting places to visit are the Observation Floor in the Terminal Tower, the Art Museum, the campus of Western Reserve University which is the home of the Cleveland Speech and Hearing Center, and the Cultural Gardens—each one a symbol of a nationality group of this cosmopolitan community on the banks of the Cuyahoga River. Watch this *Bulletin* for further announcements.

ICEC OFFICIALLY REPRESENTED ON DESP-NEA CONVENTION PROGRAM

Several ICEC members have accepted invitations to represent us in Philadelphia, March 23-26, at the Department of Elementary School Principal's programs on the gifted. They are Earl McWilliams, West Jefferson Hills, Pa.; Margaret Neuber, Pennsylvania State University, University Park; Albert Oliver, University of Pennsylvania, and A. Harry Passow, Teachers College, Columbia University, N.Y.

For more information about these meetings, write Robert W. Eaves, executive secretary of DESP, 1201 Sixteenth Street, N.W., Washington 6, D.C.

People

• Jerome H. Rothstein has been appointed as an American specialist for the forthcoming summer at the Institute for Psychological Rehabilitation in Montevideo, Uruguay. The appointment is through the U.S. Department of State.

• George J. Fortune, director of the Cleveland Hearing and Speech Center, passed away suddenly at his Ohio home. He was known for his work in the field and for helping to establish the center on the Western Reserve University campus.

• Secretary Marion B. Folsom, HEW, and his former teacher, Lila Windsor, McRea, Ga., received the 1958 Golden Key Awards at the opening session of the ASSA regional convention in St. Louis, on Feb. 22.

• Paul Dietrich, Los Angeles, Calif., is the new president of the National Society for Crippled Children and Adults.

Scholarships

• For teachers of the blind and of the deaf-blind, including full maintenance of an academic year of residence. Write to Edward J. Waterhouse, director, Perkins School for the Blind, Watertown 72, Mass.

• For specialized training in cerebral palsy. Persons interested in training during the summer months must submit completed applications including details on proposed course of study by April 1 to Personnel and Training Service, National Society for Crippled Children and Adults, Inc., 11 South LaSalle St., Chicago 3, Ill.

• Fellowships and scholarships for the study of human development and family life for 1958-59 in counseling and psychotherapy, psychology, physical growth, child development, and other fields. Address: Registrar, Merrill-Palmer School, 71 East Ferry Avenue, Detroit 2, Mich.

• The Kenfield Memorial Award of the American Hearing Society, to recruit teachers of lipreading. Applications available from Ruth Bartlett, 432 South Curson Ave., E., Los Angeles 36, Calif.

Other Organizations

TV PROGRAM FOR THE HEARING HANDICAPPED

Hear, Inc., a member agency of the American Hearing Society, has been instrumental in producing a new TV series of 20 one-half hour programs which began on Feb. 1 in Madison, Wisconsin.

Designed especially for the hearing handicapped, each program devoted at least 20 minutes to lipreading. Medical and social aspects of hearing loss covered the rest of the time. Topics included portrayal of what to do for a hard of hearing friend or relative; how to get a job and conversely how to give a job; and other subjects of importance for those with hearing loss.

Produced through the facilities of WHA-TV, the educational television outlet for the University of Wisconsin in Madison, the programs were seen over WISC-TV, a CBS television outfit.

NEA Activities

NATIONAL TRAINING LABORATORIES

The 12th annual summer national training laboratory in group development will again be held at Gould Academy, Bethel, Maine. The Division of Adult Education Service will hold two three-week summer sessions to help develop practical, effective, and democratic leaders in occupational fields.

NORTHWEST INSTRUCTIONAL CONFERENCES

NEA and the state education associations of Washington, Oregon, and Idaho jointly sponsored two regional instructional conferences during February. For Idaho and the eastern part of Oregon, the conference was held in Boise on February 16-19. For Washington and western Oregon, the conference was held in Portland on February 19-22.

"Focus on Good Teaching—of ALL Children," was the theme of both meetings. Open only to those persons selected by local leaders to represent them, plus selected leaders and representatives of NEA units, the conference featured among other speakers, NEA President Ginger on "Teaching as a Profession," and J. Ned Bryan's report on the NEA Invitational Conference on the Academically Talented Pupil.

Consultants included Ralph Tyler, Helen Hefferman, Alice Keliher, and H. Gerthon Morgan.

K. C. Convention News

LAST CHANCE TO ARRANGE FOR CONVENTION SOCIAL FUNCTIONS

If you wish to schedule a meal function for the 36th annual ICEC convention, final arrangements must be made through the Kansas City local arrangements chairman. She is Mrs. Nelle Dabney, Library Building, Room 234, Ninth and Locust Streets, Kansas City, Missouri.

Inform her of the function you wish to schedule, the dates most desirable, the number of persons you would expect, and any special facilities needed.

Already on the calendar for special meal functions during the Kansas City convention are the following: Monday, April 7—Council of Administrators, Supervisors, and Coordinators of Special Education Dinner, 6:30 pm; Tuesday, April 8—Chapter Workshop Luncheon, 12:15 pm; Wednesday, April 9—Association of Home and Hospital Education Breakfast—7:15 am; Thursday, April 10—Texas Council Breakfast, 7:15 am; Teachers College, Columbia University, Luncheon—12:15 pm; Friday, April 11—National Association for Gifted Children Breakfast, 7:15 am; Council for the Education of the Partially Seeing Breakfast, 7:15 am.

These Are "Musts" At K. C.!

TUESDAY, APRIL 8—RECEPTION, 10 P.M.

The Kansas City, Missouri, Chapter and the Missouri State Federation welcome members and friends to the reception of the 36th annual ICEC convention. It will be held at the Hotel Muehlebach immediately following the first general session on Tuesday evening. Don't miss this nice get-together.

THURSDAY, APRIL 10—PRESIDENT'S DINNER, 7 P.M.

Plan now to attend the president's dinner, the highlight of the convention. If you do not wish to partake of the meal, your registration will admit you to the special program, the features of which will be announced later.

Following the dinner, all convention guests and friends will convene for a gala social hour sponsored by the Missouri Federation and the Kansas City Chapter as co-hosts. There will be opportunities to dance, listen to pleasant music, or just to enjoy the fellowship of other convention goers. In any event a good time is assured.

SATURDAY, APRIL 12—LUNCHEON, 12:30 P.M.

This general luncheon will conclude the convention, with the Missouri State Federation as the sponsor. The address will be delivered by an outstanding personality, Viktor Lowenfeld, head of the department of art education at Pennsylvania State University, who will discuss "The Meaning of Creative Arts for Exceptional Children." All are urged to make reservations for this grand finale of a delightful week.

Richard S. Dabney

Nelle Dabney

Hosts Await Convention

Richard S. Dabney is one of the official hosts for the K.C. convention. As director of special education, Missouri State Department of Education, and a past president of ICEC, he will serve as chairman of the convention's opening session on Tuesday evening.

Nelle Dabney, known to all as a member of one of the most unique husband-and-wife teams in special education, is local arrangements chairman for the convention and director of special education for the Kansas City, Mo., Schools. She is currently a member of the ICEC governing board and one of its past recording secretaries.

MISSOURI SPECIAL EDUCATION MAKES REMARKABLE GROWTH

If a group is proud of its state's progress, why not advertise it? That is what the Missouri Federation is doing. It has published a little give-away card, depicting the special education progress made in Missouri since the establishment of its residential schools in 1851. Particular emphasis has been given to the last 10 years, starting with a state-wide program for day schools.

During the school year 1948-49, there were 19 school districts in Missouri conducting special day classes. In 1957-58, there are 222 —an increase of more than 1000 percent.

The state director of special education, under whom this growth has taken place, is Richard S. Dabney, a past president of the Council and a host for our spring convention.

KANSAS CITY VISITATIONS AND GUIDED TOURS

Name it and you may have it. If there is something special you wish to see that is not included on the scheduled program of school visitations, every effort will be made to provide the opportunity you seek. Check the reservations form in this section now and mail it to Clyde J. Baer.

Day school visitations include the trainable mentally retarded and elementary programs for blind, partially seeing, emotionally disturbed, deaf, hard of hearing, mentally retarded, and crippled. The last two also include secondary school programs, and several of the group include pre-school. There will, also, be opportunity to visit the Child Guidance Clinic. Those wishing a little trip with their visitation may sign for the Myrtle E. Miller School of Special Education, located in St. Joseph, Missouri.

Special trips upon application may be made to institutional classes for the emotionally disturbed homes for neglected children, private schools, hospital schools, community agencies for adult handicapped, Kansas State School for the Blind, (Kansas City, Kansas) Family Service Center of Greater Kansas City, and the Juvenile Court.

A special scheduled visit for supervisors and directors of special education is set for Tuesday morning, April 8. The two half days set for ICEC members are Tuesday afternoon and Wednesday morning.

For further information, see your registration packet and stop at the Visitation and Tours Desk in the Municipal Auditorium.

K.C. Breakfast Reservation

If you are interested in problems of vision and plan to attend the 36th annual ICEC convention in Kansas City, Mo., don't forget the breakfast sponsored by the Council for the Education of the Partially Seeing. It will be at 7:15 a.m. on Friday, April 11th. Write to Hazeldene Ray, 1321 E. 59th Street, Kansas City 10, Mo., today to make sure you will have a reservation for this event.

EXPRESSION OF INTENTION TO PARTICIPATE IN TOURS AND VISITATIONS AT ICEC CONVENTION IN KANSAS CITY, MO.

Mail directly to Clyde J. Baer

To. Clyde J. Baer, Tours and Visitation Chairman
Director of Research, Kansas City Schools
Room 222, Library Building
9th and Locust Streets
Kansas City, Missouri

Scheduled Visitations:

1. Blind—Partially Sighted—Emotionally Disturbed
2. Speech Clinic—Deaf and Hard of Hearing—Partially Sighted
3. Educable Mentally Retarded (Elementary)
4. Educable Mentally Retarded (Secondary)
5. Orthopedic, Elementary and Secondary (DeLano School)
6. Pre-Schools for Exceptional Children (Blind, Crippled, Deaf, and, possibly, Mentally Retarded)
7. Trainable Mentally Retarded
8. Child Guidance Clinic—Child Research Council
9. Myrtle E. Miller School of Special Education, St. Joseph, Mo.

Scheduled Tours:

A. Harry S. Truman Library
B. Nelson Art Gallery
C. Kansas City Museum
D. Hallmark Cards
E. Ford Auto Assembly
F. Stockyards
G. Linda Hall Library and Kansas City University
H. Scenic Tour of Kansas City

This is to report that I expect to participate in the following tours and/or visitations:

_____

Name_____ Street Address_____

City_____ Zone_____ State or Province_____

EXPRESSION OF INTENTION TO ATTEND RECEPTION AND SOCIAL HOUR

Mail directly to Mrs. Allen

To: Mrs. Evelyn Young Allen, Speech Correction Supervisor
Kansas City Public Schools, Speech Correction Clinic
5228 Charlotte, Kansas City, Missouri

I expect to attend the reception in honor of the ICEC convention guests at Kansas City, Mo., on Tuesday, April 8, 1958, at 10 PM.

Name_____ Street Address_____

City_____ Zone_____ State or Province_____

Current Audio-Visual Materials on the Exceptional

JEROME H. ROTHSTEIN

They Also Learn. **For information on rental libraries and rates, write to Psychology and Philosophy Department, University of South Dakota, Vermillion, S.D. Black and white; sound; running time, 14 minutes; rental, transportation only.**

DESCRIPTION: This film shows the summer school program for educable mentally retarded children at the University of South Dakota. It depicts special class activities and opportunities that summer session students have to work with individual children. Various children are shown working in groups and individually participating in reading, arithmetic, and manual skills. The children are shown undergoing psychological examinations and several of the Wechsler Intelligence Scale for children. Sub-test items are demonstrated. A discussion of educability and trainability are presented. Demonstrations of audiometric and speech testing procedures are given. The film culminates with a sequence showing the staffing of a case.

Thursday's Children. **For information on rental libraries and rates, write to British Information Service, 45 Rockefeller Plaza, New York 20, N.Y. Black and white; sound running time, 22 minutes; rental, $3.50.**

DESCRIPTION: This is a film about very small deaf children, photographed in one of the private houses that make up the junior section of the Margate School for the Deaf in England. It shows the methods used by the teachers to introduce new concepts to the deaf children. When these children first arrived at Margate, they had never heard speech or had experiences with language. The film traces the growth of understanding from the stage where they have no idea what a word is to their later ability to lipread simple words and to communicate with others. A variety of methods are shown to illustrate techniques in the education and training of totally deaf children.

Demonstration in Perception. For information on rental libraries and rates, write to Psychological Cinema Register, Pennsylvania State University, State College, Pa. Black and white; Sound; running time, 25 minutes; rental, $3.

(Continued on page 328)

—G. ORVILLE JOHNSON

THE EFFECT OF GROUP TRAINING ON FOUR-AND-FIVE-YEAR-OLD CHILDREN WHO ARE MENTALLY RETARDED

Maurice H. Fouracre, Head, Department of Special Education, Director, Mental Retardation Project
Teachers College, Columbia University

★ ★ ★

Preface

The following is the second of a series of reports of research in progress. The majority of the research in progress that has been reported to the editor of this column has been in the area of the mentally retarded, probably because of the major grants that have been provided by the U. S. Office of Education. It would be greatly appreciated if persons engaging in research in other areas of the education of exceptional children would forward descriptions of their research to the editor in order that these may be included in future columns.

★ ★ ★

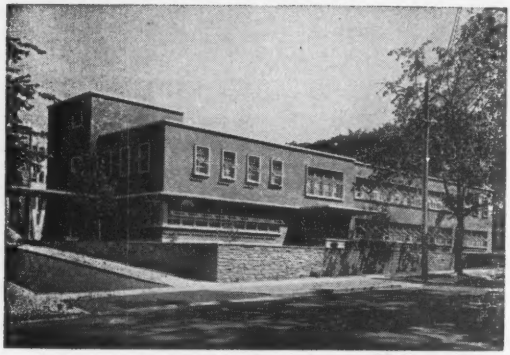
Historically, there is a dearth of information on the development of the mentally retarded at the preschool ages. Studies of the learning of mentally retarded children have been largely concentrated on the school age population, while preschool studies have been directed toward those of normal intelligence. Therefore, this study, defined as a cross sectional longitudinal overlap, should give information helpful in planning, not only for the preschool group, but for the older retarded as well.

In January of 1957, a grant was given to Teachers College, Columbia University, by the United States Office of Education to conduct the study for a five year period. In September of 1957, the first group of children began their initial school experience. The children involved in the study have mental ages about one-half to three-quarters of their chronological age according to individual psychometric examination. Thus, the children, at the present time, are about five years of age, but are functioning mentally at about two-and-one-half or three. They are, in general, free from serious or obvious physical and emotional difficulties.

SCOPE OF THE STUDY

Approximately 60 children will be involved in the study during the first year. These children will have chronological ages between four-years-nine-months and six-years-nine-months and will

Summer Session Program for Educators of EXCEPTIONAL CHILDREN



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have been diagnosed as educable mentally retarded (IQ's 50-75). Thirty of them will be provided with group experiences in a classroom setting. The other 30 children will remain at home and their parents will be given instruction in the best care for each child in his own home. This parent instruction will be given by the Project Staff. There will be a third group of 30 children known as the null group. Their preschool activities will in no way be altered by Teachers College personnel. No planned parent instruction is being considered, nor will the children be known until they enter the public school special classes a year or more hence.

The children in the experimental school group will be divided into two classes, differentiated by chronological age. At the end of the first school year, the older children should be eligible for public school special class placement. The younger children should progress to the older group and a new younger group of children will be admitted to the preschool pilot program. The promotions will continue through 1960-61, at which time the five groups of classroom children and five of home children will be under study. Three groups of each of six, seven, and eight year olds will be in the public schools, two groups each of four and five year olds will be in the experimental school and home programs. Concurrently, comparable groups of children with no preschool organized group experience will be studied.

PRINCIPAL OBJECTIVES OF THE STUDY

Some of the principal objectives of the study will be:

1. To discover the amount and kinds of learning that take place in the mentally retarded within the classroom. Emphasis will be placed on activities of daily living, social and emotional adjustment, language development, readiness for simple academic tasks, listening skills, oral comprehension, and vocabulary growth.
2. As a consequence of discovering the amounts and kinds of learning in the various activities just mentioned, appropriate curriculum and teaching methods for preschool retarded children will be determined.
3. The third objective will be to evaluate the subsequent adjustment of these children at or near the age of seven or eight, after admission of

these children to a public school special class in the same range of activities as mentioned before.

4. To compare, periodically, the learnings and adjustments of four and five year old mental retardates who remain at home with those attending the preschool program.
5. To compare, periodically, the learnings and adjustments of these children in the experimental, control and null groups when they are members of the special classes in the public schools.
6. The sixth objective is to evaluate growth and development in relation to the degree of parental acceptance of the children's deviation.
7. To compare the developmental sequence of the retarded with that of the so-called normal. Particular attention will be given to mental, physical, social-emotional and language developmental patterns.
8. Finally, to determine the advisability of a public school system entering the preschool field for retarded children.

Conclusion

The project is an experiment involving preschool, mentally retarded children, in which several disciplines will be active. The staff is composed of a pediatrician, psychologists, social workers, statistician, language developmentalist, and teachers, as well as highly trained special educators who will serve as research assistants. Not to be overlooked is the transportation personnel who can offer much concerning the child's adjustment and behavior while riding to and from school.

Being located in a large community like New York City makes it possible, not only to have a large reservoir of children from which to draw, but also to have available hospital clinics and other agencies that can assist in the study of retarded children. Much use is being made of a technical advisory committee made up of Teachers College personnel, including developmental, clinical, and school psychologists, nursery school educators, home and family life specialists, to mention a few.

It is the hope of the Project Staff that by using systematic recordings of spontaneous and controlled speech, photographic records and anecdotal reports of classroom activities and behavior of children, physical examinations and social casework reports, that greater understanding of retarded children will be known, thus making specific contributions to knowledge in this special field. Further, it is believed, that in a project as comprehensive as this, new techniques of observing children, studying their behavior, evaluating their growth as well as the inter-disciplinary approach, will result in more effective education for all children.

CURRENT AUDIO-VISUAL MATERIALS ON THE EXCEPTIONAL

(Continued from page 325)

DESCRIPTION: Why do we see what we see? The problem is complex but an adequate answer is needed in psychology and psychiatry. This film presents demonstrations of perceptual phenomena with apparatus developed by the Institute for Associate Research, Hanover, New Hampshire. The film presents a variety of experimental approaches in perception. Various mechanical devices are used to demonstrate perceptual effect. Disturbances in perception resulting from experimental devices are depicted. A variety of audience reactions accompany the demonstrations.

***'A Friend At The Door'*. For information on rental libraries and rates, write to National Association for Mental Health, 13 East 37th Street, New York 16, N.Y. Black and white; sound; running time, 28 minutes; rental, $7.**

DESCRIPTION: However inaccessible their homes, the old age pensioner, the youngster in juvenile court, the unmarried mother, or the family distressed by the threat of illness and poverty can find in the rural social worker "a friend at the door." This is the story of how these workers in British Columbia cover a large and rugged province and of the ways in which they help people in many kinds of trouble to solve their personal problems. Taking four different cases, the film describes how each is investigated and how people in need are put in touch with available aid.

GENEVIEVE DRENNEN

Pointers

MARY C. DOBBS

The East Bay Association of Teachers of Educable Retarded Children of Berkeley, California, collect, prepare, and distribute classroom projects and ideas to special class teachers. Further information can be obtained from *The Pointer*, 1714 Francisco Street, Berkeley 3, California. The science and seasonal activities found useful by teachers of retarded children were included in this issue.

Seasonal Activities

"Can I take it home?" Andy asked eagerly. "I want to give it to my 'mudder'." He was holding proudly a dried weed arrangement which he had just made. The time of year was autumn and Andy was one of a lively group of youngsters gathered around a workbench making dried weed arrangements. They had just put a moist lump of brown clay in the middle of their low containers. Shallow cans and dishes, metal lids, and upturned pieces of bark served as receptacles. From the assortment of dried weeds before them, each child selected an interesting piece. This was put into the center of the clay. Then others were added around this piece, with the height of the arrangement gradually diminishing as the outer edges of the clay were reached. The exposed portions of the clay were covered with little pebbles, seeds, and small pods. It had required some practice for the children to get the right feeling of proportion in making their arrangements. The center piece was sometimes too tall or too short for the base. Often, the pieces chosen had to be turned around and pulled outwardly until the best possible effect was obtained. The aim was to have them look like natural growths. Every arrangement was varied and interesting, and to look at these bright-eyed youngsters, one would not guess that they were educable mentally retarded children with no IQ above 75.

From empty city lots they had gathered mullein, dark red dock, wild oats, and other dried grasses. At a nearby campus they had collected cones, pods, dried berries and seeds that had fallen off the

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trees. A weekend trip to the country by the teacher supplied corn tassels, small gourds, dried artichokes and okra, cattails, bark, moss dried flowers, jimson weeds, and milkweed pods.

These materials launched the class into activities centered around autumn. The undertaking was particularly stimulating for all because of the availability and variety of concrete teaching aids. It was also an ideal time to start a study of the seasons, when nature is in her richest stage. With the children's dried weed creations displayed artistically about the room for an autumn setting, weekly trips around the neighborhood supplied the basic motivation for a series of learning activities. The youngsters observed the trees, the changing colors of the leaves, and the gradual appearance of bare branches and bird nests. With crayons they sketched or drew on paper stapled to stiff cardboard, their impressions or interpretations of the changes. Excitedly they would dash to pick up leaves with pretty colors and bring them to the classroom to pin around wall displays, or to press them. Trips, also, were made to neighborhood markets for the purpose of learning about fruits and vegetables that were in season. Some were brought back to be sampled. On the way, attention was called to the flowers blooming in the gardens, at that time of the year. The children recognized the crysanthemums because of the bouquets in the classroom. Shortcuts through empty lots produced coverings of seeds and burs attached to the clothing and socks of the youngsters. This led to the study of seeds and how they were dispersed. While outdoors, they noticed the position of the sun at certain hours of the day, and drew pictures of it over certain locations, so as to make comparisons later on. As the season progressed to winter, they saw clearly how the sun's position had changed. The shortening of the days was explained in that connection, and along with that the reason for starting to wear sweaters and jackets. The arrival of the first gentle rains of autumn caused excitement, since there had been no rain all summer. There was a university nearby and football was a city-wide topic, with a football festival to start off the season. The football parade, Hallowe'en, and Thanksgiving were outstanding highlights of the season.

Through all these experiences and events there were continuous motivations for academic work. The information for the daily newspaper (written on the chalkboard) was supplied by the entire class, and those who had a new seasonal observation received especially warm praise. The autumn observations were recorded weekly in a very large book so that an entire group could read the pages at the same time. The non-readers drew the illustrations and made oral reports on facts they had learned. When a child brought in something pertaining to autumn, it was put on display with the child's illustrated story printed on a chart over it. Later, this chart was added to the other original stories on the chart holder for review at a later date, or during odd moments. The daily activities supplied the words and sentences for handwriting, and also the topics for written language. Oral language and word games were integrated with vocabulary in their reading textbooks. The experiences also carried over to dramatic play. From stories, poems, songs, and films, they had learned about animals and birds and their preparations for the following season. With masks or costumes the children pretended they were various creatures and showed what each did to get ready for winter.

Art of some form was carried on daily. Since many of the youngsters did not have chances to go to the country, colorful autumnal scenes were put on display and changed frequently to make the children aware of the vast wealth of colors in nature. They were encouraged to use colors freely and abundantly. Their major handicraft projects were boxes decorated with nature materials; belts and bags were made of colored burlap and adorned with tiny redwood cones and small magnolia pods. Tapestries depicting autumn trees and leaves were made by combining black yarn stitchings with bits of cloth of various colors and texture. Thus, by different means and approaches, the phases of autumn were presented to the children in order to provide as great a possibility of retention as possible. Starting from their immediate environment and using teaching techniques based on concrete facts and materials gave them greater mental stimulation.

Opportunities were provided for the children to acquire practical and useful knowledge through the use of their tactile and perceptual senses. There was also enrichment from the aesthetic standpoint, typified by the two following incidents. Cathy was

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overjoyed when she made an especially good dried weed arrangement. "I never knew I could make anything so pretty," she exclaimed. Albert's arrangement was made on a strip of bark with a tiny fawn included. He carried it carefully to his railroad shanty home, and it was an object of beauty in that drab environment. Over his nearly always, solemn face spread a long, proud smile as he placed his creation on the center of the table.

Holiday Topics

With the approach of Thanksgiving, children begin to think of all the tasty food they will have on the big holiday. This is an opportune time for an activity based on foods. The youngsters will be surprised to learn that they will eat some foods like those of the first Thanksgiving. A display of cranberries, beans, squash, and a pumpkin will provide a vivid impression, for the children will be able to see and feel foods like those that the Pilgrims served.

Ears of corn or maize (sold in the markets with decorative gourd) can be used in an effective way to explain that the Indians befriended the Pilgrims, and showed them how to plant and cultivate this. In the early days, food could not be preserved through canning or freezing. Hence, for the Indians and the Pilgrims, corn was a very important food. It could be kept all year without spoiling, by keeping it dry and away from rats. The Indians taught the early settlers how to cook maize in a variety of ways. The word succotash (a combination of beans and corn) comes from the Indian word "sukgutahhash." For that first Thanksgiving dinner there were also clams and seafoods, which the Indians taught the Pilgrims to prepare. The turkeys were wild, and the men had to hunt for them.

Through this food activity there can be dramatic play leading to meaningful academic work. The children will enjoy making and wearing feathered headbands and Pilgrim hats. Their play experiences, as characters of the first Thanksgiving will be motivation for oral and written language work, and will also supply original sentences for reading lessons. A trip to a market will provide material for arithmetic lessons. In what quantities or sizes are the various foods sold? What are the prices? What are economical ways of shopping? Simple dishes and meals can be prepared. The girls will

enjoy setting a table for Thanksgiving and making a pretty centerpiece. Good table manners can be practiced.

Handmade greeting cards and notes to their parents, and to people who have done kind deeds for the class, will give the youngsters a chance to realize that giving thanks is part of the holiday. Thus, along with mastering useful facts, and touching upon some early American history, the children also develop an awareness of the significance of Thanksgiving.

Springtime Activities

"Oh, look, a squirrel!" exclaimed the children as they crowded around a stuffed gray squirrel displayed among half-eaten pine cones. "Is he real? Where did he come from? He has a nut in his paws. Look—the bushy tail! And little 'teensie' ears! His coat is soft." These lively questions and remarks from the youngsters provided material for the day's oral and written language activities, an item for their daily newspaper, and information for their experience chart.

Nature study materials are a particularly effective medium for teaching pupils in special classes for the mentally retarded. With IQ's ranging from 50 to 75, instructional emphasis has to be placed on concrete rather than abstract interests. Nature materials quickly arouse curiosity in the children, are easily understood, and make strong, vivid impressions upon them.

When Freddie first noticed the large brown body of a dead tarantula pressed against a pad of cotton, he put his forefinger on the glass top that covered it and loudly exclaimed: "What's that?" Other questions followed. "Is it dead? Where did it come from? What does it eat?" Then Fred counted and found that it had eight legs. Later in the day, while looking through *National Geographic* and *Nature* magazines, he and his classmates were particularly conscious of spiders. They counted the legs of the one they saw in the pictures to find out if all the spiders have eight legs. Freddie became excited again when he found a photograph of an octopus and discovered that it had eight tentacles. For his daily handwriting lesson, Fred composed the following simple sentences.

I saw a spider.
It is big and brown.
It has 8 legs.

I saw an octopus.
It has 8 feelers.
I am 8 years old.

At the top of his paper he drew pictures of these animals, and also made clay models of each. Nature study with three-dimensional displays vivifies the children's learning activities. Because of greater motivation and stimulation, the interest span is longer.

In examining various mounted birds, comparisons are made between land and water birds. The broad beak of the duck, the short, stout beak of seed-eating birds, the long needlelike beak of the hummingbird, the chisellike beak of the woodpecker, these the children feel with their fingers. They also move their fingers over the webbed toes of water birds, feel the still, stiltlike legs of others, and compare them with the short, thin legs and toes of land birds. The children are impressed with the sharp claws and beaks of owls and other birds that eat small animals. They learn that birds have various ways of obtaining food, and that their legs and beaks reveal their living habits. The colors of birds, especially the brightly colored ones, appeal to the children. And they recognize their favorite birds in books or elsewhere. When on a nature walk they exclaim with joy and excitement, "Look, a robin! See up there—a linnet!" In the spring, abandoned nests of various sizes are put on display. The children examine the types of materials used in the nests, how they are shaped and lined. They like to listen to records of bird calls, particularly those native to the area. They are encouraged to recognize birds by their sounds as well as by sight. In this way the children get practice in developing auditory alertness.

Nature Projects Enrich Special Class Activities

After a prolonged spring rain, the youngsters take a nature walk around the school neighborhood in search of "nature surprises." They look up at the bare trees and see among the interlacing branches the heavily swollen leaf buds. Thereafter for weeks their remarks indicate that they are watching the tender green leaves as they unfurl, deepen in color, and increase in size. They admire the ruffled pink blossoms of the flowering peach and plum trees that grow along the streets and take deep whiffs of their delicate fragrances.

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COMMON SENSE ABOUT GIFTED CHILDREN

By Willard Abraham
(Ph.D. Northwestern)
Arizona State College, Tempe

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The recent growing interest in the gifted child and the paucity of valuable books on the subject that are understandable and readable, lead us to believe that this new contribution to the field will have wide application. The book covers all facets of the subject—its importance, means of identification of the gifted child, the place and job of parents, elementary and secondary schools, colleges and the community, teachers, a number of vital topics (attitudes of gifted youngsters, their teachers, public vs. private school, guidance, the gifted in other countries, research needed, and public relations), and plans for action (including one of the author's). Bibliography. Illustrated.

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They plant vegetable seeds, and learn that they need sunshine and water to grow. Most of all they like to watch the peas and beans develop pods. And then they wait eagerly for the pods to swell. The high moment of their gardening project is when they can burst open the pods to eat what has been growing inside. All these activities provide experiences in learning through the perceptual senses. By seeing, smelling, tasting, feeling, and hearing the children gather and retain deeper impressions.

Live animals always stir great interest among the children, and furnish much incentive for oral language. A baby chick, a baby duck, or a bunny can make a shy child shed his timidity. Sometimes from these pets the teacher can gather clues to children's emotional problems.

Almost weekly the youngsters bring something of their own to add to the classroom's nature collections. Paul keeps bringing leaves of various shapes; Kathy brings flowers; Leslie adds rocks and pebbles to the mineral collection; Albert catches insects; while Richard persists in bringing in every stray dog or cat.

Much of the children's oral and written work is centered around their own experiences and interests, of which nature is an important part, but they use the words found in their textbook reading when they make posters, write original stories, and figure out charts. Textbook contents are integrated with learning experiences. Nature study and nature materials can provide much enrichment to a special class program, where enrichment is particularly needed. Many of the youngsters come from homes of a subcultural level with reduced individual opportunities. This type of classroom environment can provide resources for concrete learning activities and opportunities for creativeness. Furthermore, for the children there is easier transference of their school experiences and a broadening of their environmental horizons.

Helps

An elementary special teacher submitted the following material:

"I asked and received from the local police de-

partment several metal traffic signs to use in my classroom. They were old signs, but the donors repainted them, and made them look like new ones. The children know they are 'the real thing' so they want to learn to read STOP, SLOW, SCHOOL ZONE, BUS STOP, and other signs.

"An old phone was obtained from the telephone company. This was appealing in learning numbers, and is also good for muscle coordination. The transit company furnished bus signs, cards, and bus schedules. These are all practical items to aid the retarded child when he is put on his own."

Alphabet Table

MAY R. CUNNINGHAM, GROVER CLEVELAND SCHOOL, SAN LEANDRO, CALIFORNIA

Three 41″ round tables and one 98″ x 33″ oblong table have been useful in many ways in working with a primary special group. Here is how similar ones can be prepared:

- Paint the top of one of the round tables a bright yellow. Yellow is an eye-easy color, and easy to see. School buses have proved it.

- Take a Flo-Master pen (one with a felt tip) and make a circle all around the table, 4″ from the edge of the table. Use a 4″ cardboard as a guide, and place one end on the edge of the table, with the pen on the other end of the cardboard. Go right around the table to form the circle.

- After the ink has dried, write (or print) the alphabet about 3″ high around the line. Use the inner side, toward the center, and have the letters facing the edge of the table. In this way the children can sit in front of the letters to copy them.

- Allow the ink to remain several days or more to set. After a period of time, it can be washed off.

The youngsters who can write never ask how to make a letter. They go to this table, trace the letter with the rubber end of their pencil, and then write it. They had first been taught how to form the letters properly. This table is used afterward for practice and review. During free time some of the children go there of their own will to trace each of the letters. In addition, if work is placed on the yellow table, and a child asks, "Where is it?," an immediate answer of "Go to the yellow table," is sufficient explanation.

The 98″ x 33″ table is used as a work place for the slower children. Near the edges the alphabet is printed in small and capital letters, using yellow enamel paint on a brown background. The patterns for these letters can be cut from an A B C book, and traced on the table 2½″ from the edges, using the Flo-Master. This not only makes an attractive table, but also a useful tabletop. By using a good grade of quick-drying enamel, the table can be used the very next day.

For the other two 41″ tables the following suggestions are offered. Make a green table with the numbers painted on it, using the number "1" with one decal tree, "2" with two decal dogs, etc. A white table can be utilized to carry out the colors the children learn. The A B C pattern letters can be put to further use by tracing them on medium grit sandpaper. These new letters are then painted with a tempera yellow for the small letters, and a tempera red for the capital letters. Then they are mounted on a long board painted black. The children use these sandpaper letters to trace for form, and the scratchy feeling underneath provides a good sensory experience.

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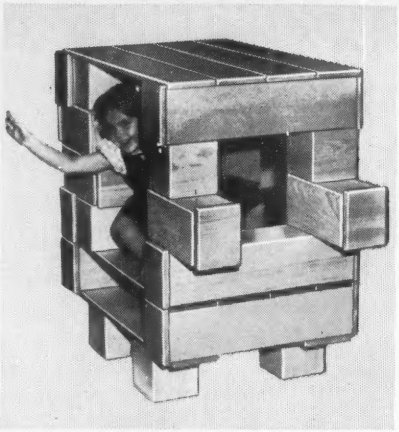

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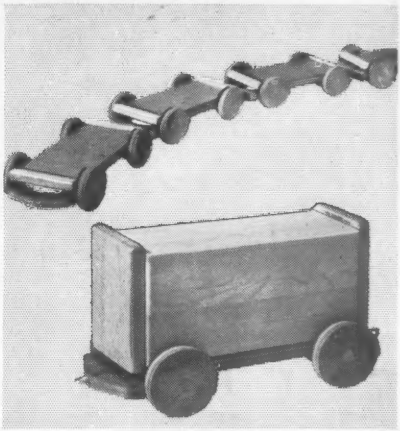

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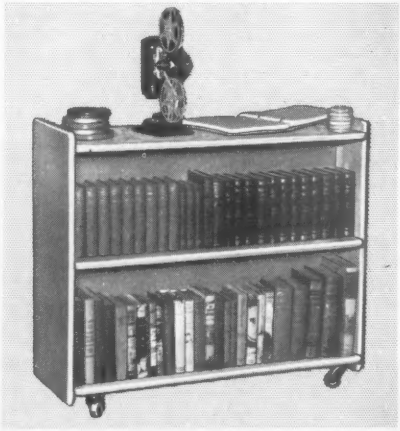

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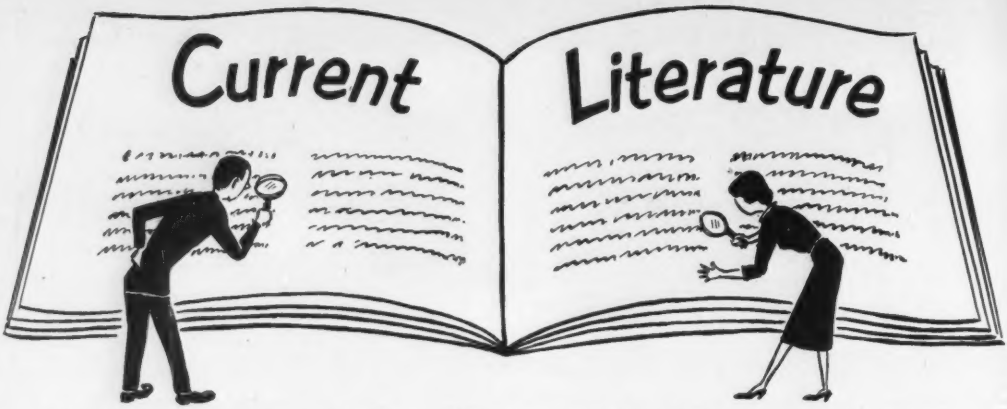

Compiled with the Assistance of the Library, National Society for Crippled Children and Adults, Chicago

NEW BOOKS BRIEFLY REVIEWED

HOBART, LOIS. *Laurie, physical therapist.* 1957. 192 p. Julian Messner, Inc., 8 West 40th St., New York 18, N.Y. $2.95.

This fictional story of a young physical therapist and her work offers teenagers a book with a vocational slant. Many questions concerning the nature of physical therapy work as a career, what it can accomplish, and the professional and personal satisfactions to be expected are answered.

PEDIATRIC CLINICS N. AM. 1957. p. 801-1167.

In addition to a symposium on pediatric endocrinology, this volume contains a symposium on "Brain damage in children," James G. Hughes, consulting editor. Contents: Experimental teratology; with special reference to congenital malformations of the central nervous system, Josef Warkany, Harold Kalter, and Jean F. Geiger.—The causes and prevention of cerebral palsy, Nicholson J. Eastman.—The early diagnosis of cerebral palsy, L. P. Britt.—The doctor's responsibility in the prevention of postnatal diseases of the brain, Randolph K. Byers.—Psychological aspects of the management of children with defects or damage of the central nervous system, Sterling D. Garrard and Julius B. Richmond.—Characteristics and management of children with behavior problems associated with organic brain damage, Charles Bradley.—The study of the epileptic child, James G. Hughes.—The drug therapy of epilepsy, with special reference to newer drugs, Meyer A. Perlstein.

Published by W. B. Saunders Co., West Washington Square, Philadelphia 5, Pa.

THOMPSON, MARY WOLFE. *Snow slopes;* illustrations by Frank Kramer. 1957. 179 p. Longmans, Green & Co., 55 Fifth Ave., New York 3, N.Y. $2.75.

Arleigh Burd, living with her mother in Vermont, obtains work at a nearby resort to help the family budget and save for her college education. Slightly lame from polio, Arleigh feels unhappy over her inability to participate with other young people in sports. Through the friendly interest of a young man who comes to the resort with his parents, Arleigh learns that her disability is not important. She overcomes her negative attitude toward her handicap and her plans work out successfully. A teenage novel that girls of 12 to 16, particularly, will find interesting.

PERIODICAL ARTICLES AND PAMPHLETS

AUDITORY IMPAIRMENTS

FITZGERALD, MARGARET H. "Reading; the key to progress for deaf children." *Am. Annals of the Deaf.* Nov., 1957. 102:5:404-15.

Reading is defined as a four-step process involving perception, comprehension, reaction, and integration. Methods for achieving these four goals are primarily the same for the deaf as for the hearing.

GOETZINGER, C. P. and ROUSEY, C. L. "A study of the Wechsler Performance Scale (Form II) and the Knox Cube Test with deaf adolescents." *Am. Annals of the Deaf.* Nov., 1957. 102:5:388-98.

Findings reflected difficulty in subvocalization due to restricted language concepts and usage and retardation in visual memory span as measured by the Knox Cube Test.

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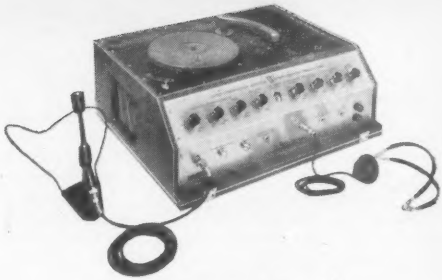

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It was believed that deafness and not its etiology is the reason for the highly significant interest variability within each group. 33 references.

GRUFFYDH-WILLIAMS, HOWARD. "Speech and langauge for the deaf in Russia." *Volta Rev.* Nov., 1957. 59:9:387-91.

From a visit to the U.S.S.R. in 1953, the author reports teaching methods, number of class hours per subject, and the emphasis on development of speech and its use in communication and language.

HOLCOMB, R. K. "An investigation of insurance and insurance problems pertaining to the deaf." *Silent Worker.* Oct.-Nov., 1957. 10:2-3:8-8.

In a questionnaire survey of insurance companies, state insurance officials, and schools for the deaf, inquiries were made concerning coverage for life, health and accident, automobile collision, and liability.

JERGER, JAMES F. "Audiology; summaries of the bibliographic material available in the field of audiology for 1955." *A.M.A. Arch. Otolaryngology.* Aug., 1957. 66:2:192-213.

A bibliography of 179 references.

KODMAN, FRANK, JR., ACUFF, CHARLES E., and STOCKDELL, KENNETH R. "The incidence of hearing loss in Kentucky school children." *J. School Health,* Nov., 1957. 27:9:253-58.

Methods and results of a survey of incidence in rural-urban areas of Kentucky are discussed.

MONSEES, EDNA K. "Aphasia in children; diagnosis and education." *Volta Rev.* Nov., 1957. 59:9:392-93, 396-401, 414.

Defines the aphasic condition and characteristics of aphasic children, the necessity for differential diagnosis, teaching methods, the use of hearing aids, and planning the educational program.

Epilepsy

SHAW, MERVILLE C. and CRUICKSHANK, WILLIAM M. "The Rorschach performance of epileptic children." *J. Consulting psych.* Oct., 1957. 21:5:422-24.

An experimental study failed to confirm most of the alleged Rorschach indicators of epilepsy as described in various earlier studies. The authors do not believe the Rorschach appears to be a useful clinical tool for the differential diagnosis of idiopathic epilepsy.

Orthopedic and Neurologic Impairments

BOLES, GLEN. "Personality factors in mothers of cerebral palsied children." *Dissertation Abstracts.* 1957. 17:4. 2 p.

Abstract of doctoral dissertation, Columbia University, 1956. Findings revealed that mothers of cerebral palsied children may be characterized as over-protective and maritally conflicted, but no significant differences between mothers of the cerebral palsied and those of nonhandicapped children were noted with respect to anxiety, guilt, rejection, and unrealistic attitudes. These latter characteristics were, however, evident to a marked degree in mothers of both groups. Age of the child and religious affiliation were significant factors in mothers of both groups also.

Microfilm copies of the complete manuscript of 155 pages are available from University Microfilms, Ann Arbor, Mich., at $2.05. A number of copies are also available in book form (processed typescript) at $10 a copy from the author, 251 Central Park West, New York 24, New York.

EASTMAN, NICHOLSON J. "The causes and prevention of cerebral palsy." *Pediatric Clinics N. Am.* Nov., 1957. p. 995-1002.

Causes discussed are premature birth, obstetrical complications, congenital malformation, and the Rh factor. Recommendations for preventive measures are made.

Retarded Mental Development

ALLEN, ROBERT M. "A note on mixed summer camping with retardates and nonretardes." *Training School Bul.* Nov., 1957. 54:3:50-51.

From observations made at Mountainview Camp for Exceptional Children, Nacoochee, Georgia, the author feels that retardates benefit from summer camping experiences by being with their own intellectual-peer group.

CLADER, DOROTHY E. "Accelerated intellectual growth and personality development as seen in phenylketonuric subjects during medical treatment." *Am. J. Mental Deficiency.* Nov., 1957. 62:3:538-42.

Case reports on three children with a condition characterized by severe mental retardation resulting from effects of nonmetabolized phenylalanine in the blood stream. Progressive psychological evaluations revealed that dietary treatment helped to produce higher intelligence and greater social maturity.

COLLMANN, R. D. and NEWLYN, D. "Leisure activities of educationally subnormal and other ex-pupils in England." *Am. J. Mental Deficiency.* Nov., 1957. 62:3:464-69.

Findings of a survey justify the English special school system for the educationally subnormal, the authors believe.

EWERT, JOSEPHINE C. and GREEN, MEREDITH W. "Conditions associated with the mother's estimate of the ability of her retarded child." *Am. J. Mental Deficiency.* Nov., 1957. 62:3-521-33.

In this study made at the Mayo Clinic particular attention was focused on determination of whether certain factors in the history seem related to the accuracy of the parent's ratings based on a comparison with the results of psychologic testing of the child.

JOHNSON, D. F. "Art education for the educable mentally retarded child." *Am. J. Mental Deficiency.* Nov., 1957. 62:3:442-50.

The art curriculum designed for defective children should allow for both expression and training. A list of teaching techniques is given.

KRATTER, FREDERICK EDWARD. "Color-blindness in relation to normal and defective intelligence." *Am. J. Mental Deficiency.* Nov., 1957. 62:3:436-41.

Twice as many low imbecile males than morons are subject to red-green blindness. Blue-pink-yellow combinations should be utilized since these are fairly well perceived. The importance of bright colors in the emotional and instinctive life of defective children is emphasized.

LERNER, JOSEPH S. "Recommended techniques for in-service education of teachers of mentally retarded children in state institutions." *Am. J. Mental Deficiency.* Nov., 1957. 62:3:476-80.

From replies to a questionnaire sent to 93 state and provincial schools in the U.S. and Canada, recommendations on techniques of in-service education found to be the most effective for promoting professional growth are made, as well as those areas of research needing further study.

PUBLIC HEALTH NEWS. N. J. State Dept. of Health (State House, Trenton 25, N.J.) Oct., 1957. 38:10.

Title of issue: Understanding mental retardation.

Contains a series of lectures sponsored for physicians by the New Jersey Chapter of the American Academy of Pediatrics, the State Department of Institutions and Agencies, and the State Department of Health.

RABIN, HERBERT M. "The relationship of age, intelligence, and sex to motor proficiency in mental defectives. *Am. J. Mental Deficiency.* Nov., 1957. 62:3:507-16.

A brief review of the literature concerning motor development tests and a report of an investigation with the Lincoln-Oseretsky Motor Development Scale.

REILLY, JAMES J. "An exceptional camp for exceptional children." *Am J. Mental Deficiency.* Nov., 1957. 62:409-12.

An "exceptional camp for exceptional children," near Laconia, N.H., served 44 children during the summer of 1955; the population included mongoloids, cretins, cerebral palsied, children with general mental retardation, the blind, and those with muscular dystrophy.

SEMBER, ANDREW T. "A critique of summer recreational and craft activities for mentally retarded children." *Training School Bul.* Nov., 1957. 54:3:37-47.

Describes a summer recreation program at the Training School, Vineland, N.J. An accurate record of successful and unsuccessful activities and teaching methods that was kept is summarized here.

THORNE, GARETH D. "Sex education of mentally retarded girls." *Am. J. Mental Deficiency.* Nov., 1957. 62:3:460-63.

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OUR BLIND CHILDREN by **Berthold Lowenfeld,** Berkeley, California. "Methods of teaching necessary independence, eating, toilet training, sleeping habits, dressing, and walking and talking are all described in clear, simple language." —J.A.M.A. Pub. '56, 224 pp., 8 il., Cloth, $5.50.

ENVIRONMENT AND THE DEAF CHILD. (2nd Ptg.) by **Steven Getz,** California School for the Deaf, Berkeley, California. Organizes the major trends of thought in this field and examines their basic similarities and differences—and, more important, puts these beliefs to the test. Pub. '56, 188 pp., Cloth, $3.75.

THE MENTALLY ILL CHILD: A Guide for Parents by **Steven B. Getz,** California School for the Deaf, Berkeley, and **Elizabeth Lodge Rees.** Explains to the parents the reasons for the many specialized examinations the child must have to determine his basic problem so that appropriate therapy may be started. Pub. '57, 100 pp., Cloth, $3.50.

THE DOCTOR EYES THE POOR READER by **Delwyn G. Schubert,** Los Angeles State Coll. The symptoms, manifestations and history of the various causes of reading failure. Simple tests are described so that the doctor can detect their presence. Features a special chapter on "How and By Whom Poor Readers Are Given Help." Pub. '57, 116 pp., Cloth, $3.75.

SPEECH CORRECTION AT HOME by **Morris Val Jones.** Golden Gate Coll., San Francisco, California. Fulfilling the need for simple and detailed materials, this book shows the non-clinically trained person how to assist family members to develop or to recover adequate oral communication. Pub. '57, 160 pp., 52 il., Cloth, $4.75.

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A further report on the progress and problems involved in the development of a program of sex education—the physical and psychological aspects of sex development and expression—with high-grade and upper-mid-grade students at Caswell Training School, Kinston, N.C. An earlier article appeared in *Am. J. Mental Deficiency*, July, 1957.

WEATHERWAX, JOY and BENOIT, E. PAUL. "Concrete and abstract thinking in organic and non-organic mentally retarded children." *Am. J. Mental Deficiency*. Nov., 1957. 62:3:548-53.

An experimental investigation conducted at the Dixon State School, Illinois, is reported. Caution is recommended in denying that children with mental retardation due to organic causes are capable of abstract thought.

Speech Impairments

DONOVAN, HELEN. "Organization and development of a speech program for the mentally retarded children in New York City public schools." *Am. J. Mental Deficiency*. Nov., 1957. 62:3:455-59.

The program in the New York City schools has two phases—a developmental program for all children carried out in the classroom by the class teacher and remedial instruction for children with severe speech defects provided by a speech teacher and supplemented by daily work in the classroom. To date the program is in effect in 44 schools and has served approximately 1,500 children.

LILLYWHITE, HEROLD. "Counseling with parents of children with cleft lip and palate." *Cleft Palate Bul.* Oct., 1957. 7:4:3-5.

This article is concerned mainly with a series of six letters which supplement person-to-person counseling and are sent out at specific times when parents need information to handle particular problems.

PARKER, L. P. "The preparation for speech in the very young cerebral palsied child." *Folia Phoniatrica*. 1957. 9:1:54-58.

A report of recent investigations at the Cerebral Palsy Centre in London with the cerebral palsied infant (18 months or younger). Treatment described is based on the Bobath method.

STINNETT, CHARLES D. *Speech defects in the rural areas of Kentucky*. 1957. 35 p. tabs., map. Mimeo. Available from Mr. Stinnett, Speech Center, Dept. of Psychology, Univ. of Kentucky, Lexington, Ky.

Because of the total lack of controlled studies on speech defects in rural areas, this survey of second-grade children in 14 predominatly rural counties of Kentucky was the initial step in a program to provide permanently for the problem.

Visual Impairments

ALLEN, HENRY F. "Testing of visual acuity in preschool children; norms, variables, and a new picture test." *Pediatrics*. June, 1957. 19:6:1093-1100.

Testing of visual acuity by subjective methods on or near the child's third birthday is recommended. The author describes a new test believed to represent improvements over existing picture charts.

JACKSON, CLAIRE L. "Recreation and the blind child." *New Outlook for the Blind*, Nov., 1957. 51:9:402-406.

Miss Jackson believes in the integration of blind children with sighted in recreation activities and points out ways of preparing the blind child for such relationships.

SCOTT, EILEEN. "The blind child in the sighted nursery school." *New Outlook for the Blind*. Nov., 1957 51:9:406-10.

Preschool blind children and their families all profit by the earliest possible integrtaion of the blind child with his sighted contemporaries.

General

BRADLEY, CHARLES. "Characteristics and management of children with behavior problems associated with brain damage." *Pediatric Clinics N. Am.* Nov., 1957 p. 1049-1060.

Describes primary and secondary symptoms of characteristic behavior in brain-injured children, aids to diagnosis, and management of parents and child.

BULLETIN, Institute of Child Study (45 Walmer Road, Toronto, Canada). Mar., 1956. 18:1(68).

Entire issue devoted to music and the pre-school child, including "Musical experiences with cerebral palsied children," by Elda Bolton.

DAVIDS, ANTHONY, GOLDENBERG, LOUIS, and LAUFER, MAURICE W. "The relation of the Archimedes spiral aftereffect and the Trail Making Test to brain damage in children." *J. Consulting Psych.* Oct., 1957. 21:5:429-33.

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The two tests were administered to separate groups of normal children, emotionally disturbed children, and those suffering from cortical damage. Both tests revealed a significant difference among the groups and appear to possess promise as a valid method for assessing cortical damage.

DOLL, EDGAR A. "Research on CNS impairment." *Perceptual and Motor Skills.* 1956. 6:255.

A brief comment on research opportunities for both clinical and experimental psychology in the areas of perceptual and motor phenomena as major facets of neurophrenic behavior in patients who show extreme atypicabilities.

GARRARD, STERLING D. and RICHMOND, JULIUS B. "Psychological aspects of the management of children with defects or damage of the central nervous system." *Pediatric Clinics N. Am.* Nov., 1957. p. 1033-1048.

Discusses disturbances of neurologic function in childhood, their effect on psychologic development and interpersonal relationships, parental reactions to the diagnosis, and management of both the child and his parents.

INTERNATIONAL COUNCIL FOR EXCEPTIONAL CHILDREN. Blue Grass Chapter, Lexington, Ky.

Books, art, music for exceptional child, prepared by the Blue Grass Chapter, ICEC and available from Florence Martin, 1120 Slashes Road, Lexington, Ky. 46 p. Paperbound. Spiral binding. $1.

Compiled for use by teachers and parents, this publication offers helps in reading, art and music.

JAHODA, HEDWIG and GOLDFARB, WILLIAM. "Use of a standard observation for the psychological evaluation of nonspeaking children." *Am. J. Orthopsychiatry.* Oct., 1957. 27:4:745:-53.

A clinical report describing the use of a semistructured observation technique as an adjunct in the over-all study for severely disturbed children who were nontestable by ordinary methods.

LANGDON, GRACE. *Your child's play; interests, materials, facilities, friends.* 1957. 25 p. *(Parent ser. no. 2)* National Society for Crippled Children and Adults, 11 S. La Salle St., Chicago 3, Ill. 25¢.

The author as Child Development Advisor for the American Toy Institute is well qualified to explain the value and meaning of play to children, the role of toys in child development, and the purely recreational pleasure of play for happy family living.

LILLYWHITE, HEROLD. "Communication problems in medicine." *Arch. Phys. Med. and Rehab.* Nov., 1957. 38:11:692-96.

Dr. Lillywhite lists and discusses 16 specific barriers to adequate communication and integration of efforts of the rehabilitation team, as well as specific assets which account for the success of medical rehabilitation teams. The author speaks from his experience with programs for congenital heart, cerebral palsy, and cleft lip and palate at the University of Oregon Medical School.

MARYLAND. STATE BOARD OF EDUCATION. *Special education of atypical children in Maryland; report of the committee appointed by the . . .* 1956. 58 p. The Board, 2 W. Redwood St., Baltimore 1, Md.

The report covers an outline of the categories of includable atypicality (for the purpose of special education), tables of estimated prevalence and the formulas used in compiling them, a summary of existing special education programs, and general recommendations and principles to be applied in planning special education programs.

MICHIGAN STATE UNIVERSITY. College of Home Economics. *Work simplification for disabled and for normal homemakers; workshop proceedings. July 1-12, 1957; sponsored by Department of Home Management and Child Development . . . in cooperation with American Heart Association . . . Michigan Heart Association, Office of Vocational Rehabilitation . . . Continuing Education Service. . .* East Lansing, The College, 1957. 35 p. Mimeo.

These proceedings contain only abstracts of the talks and presentations on work simplification methods, home management of the disabled, body mechanics, training the disabled, work of the Michigan Office of Vocational Rehabilitation, the team approach to rehabilitation, the meaning of "activities of daily living," and evaluation of disability.

MIERS, EARL SCHENCK. *Why did this have to happen? An open letter to parents.* 1957. 28 p. *(Parent ser. no. 1)* National Society for Crippled Children and Adults, 11 S. La Salle St., Chicago 3, Ill. 25¢.

This pamphlet, first in the Society's new Parent Series, is the author's philosophy concerning physical disability, formulated through personal experience, and the problems which it presents to the handicapped, their families, and society.

MILLER, IRVING. "Camping with the handicapped." *New Outlook for the Blind.* Nov., 1957. 51:9:411-15.

The author believes firmly in the value of integrated camping. The basis for the decision as to how and where any handicapped person should be served should rest on the individual need, degree of adjustment, and degree of handicap.

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NEW YORK (CITY). BOARD OF EDUCATION. Bureau of Educational Research. *Studies of children with physical handicaps: IV The integration of deaf children in a hearing class,* prepared by Joseph Justman (and others). 1956. 48 p. tabs. *(Publ. no. 36, March, 1956).* The Bureau, 110 Livingston St., Brooklyn 1, N.Y.

The latest in a series of publications based on studies of physically handicapped children in New York City schools, presenting findings of pupil abilities, characteristics, and evaluations of current school practices. Earlier reports in this series are: I. *The child with cardiac limitations.* 1953. 154 p. *(Publ. no. 32).*—II. *The child with orthopedic limitations.* 1954. 132 p. *(Publ. no. 33).*—III. *Sixth grade children with visual handicaps enrolled in sight conservation classes.* 1955. 27 p. *(Publ. no. 34).*

OHIO. STATE DEPARTMENT OF EDUCATION. *Ohio laws governing special education for handicapped children in the public schools.* 1957. 15 p. Div. of Special Educ., Ohio State Dept. of Education, 40 S. Third St., Rm. 230 Columbus 15.

A compilation of Ohio laws pertaining to special education and their legal interpretations.

PASAMANICK, BENJAMIN and KNOBLOCH, HILDA. "Some early organic precursors of racial behavior differences." *J. Natl. Med. Assn.* Nov., 1957. 49:6:372-75.

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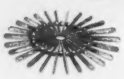

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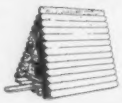

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RICHARDS, J. A. *How to teach shut-in students by telephone; a handbook for teachers, administrators, parents, and physicians with suggestions for homebound and hospitalized students;* preliminary ed. 1957. 20 p. Executone, 415 Lexington Ave., New York 17, N.Y.

Additional information on teaching by telephone, as well as copies of this handbook, can be obtained from the Special Education Division of Executone, Inc.

ROSENSTEIN, JOSEPH. "Tactile perception of rhythmic patterns by normal, blind, deaf, and aphasic children." *Am. Annals of the Deaf.* Nov., 1957. 102:5:399-403.

A study found that the blind perform better in tactile perception of rhythmic patterns than other groups; blind and normal groups improved on repeated trials while the deaf and aphasic did not.

SCHWADE, EDWARD D., DAVIS, JEAN P. "Problems in diagnosis and management of the brain-injured child." *Wis. Med. J.* Sept., 1957. 56:9:375-80.

Since physicians should accept wider responsibility in the management of the brain-injured child, the authors have prepared this brief account of the characteristics of these children. Advice to parents and special education facilities are also discussed.

SOLOYANIS, GEORGE. "Facilitating community contributions by psychologists." *Am. J. Mental Deficiency.* Nov., 1957. 62:3:554-58.

Describes activities developed by state agencies in South Carolina's special education program to make use of the services of psychologists.

U. S. OFFICE OF EDUCATION. *Statistical summary of education, 1953 54.* 1957. 86 p. tabs. *(Biennial survey of education in the United States, 1952-54. Chapter I)* U. S. Superintendent of Documents, Government Printing Office, Washington 25, D. C. 35¢.

This chapter of the *Biennial Survey of Education, 1952-54* provides an abstract of the principal data and interpretations of the individual chapters which are printed separately as soon as completed. Statistics on special education for 1952-53 are briefly summarized.

WISHIK, SAMUEL M. "Interpretation to school teachers and other professional persons on handicapping and chronic conditions. *Pediatrics.* Nov., 1957. 20:5 (Part 1): 907-909.

Organized around a prepared list of categories, Dr. Wishik discusses medical problems in the form of questions and gives examples for each.

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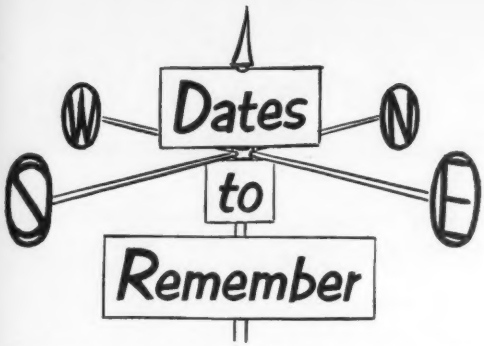

March 2-5	Association for Higher Education, NEA, Chicago
March 2-6	Association for Supervision and Curriculum Development, NEA, Seattle
March 6-8	American Orthopsychiatric Association, Hotels Roosevelt and Commodore, N.Y.C.
March 8-11	Regional, American Association of School Administrators, NEA, San Francisco
March 10	President's Commission on Employment of the Physically Handicapped, Regional, Oakland, Calif.
March 12-14	National Society for the Prevention of Blindness, Bellevue-Stratford Hotel, Philadelphia
March 14-15	Regional, Department of Classroom Teachers, NEA, Spokane, Wash.
March 16-22	National Library Week
March 19-21	National Health Forum, Philadelphia
March 19-20	Music Educators National Conference, Biennial Convention, NEA, Los Angeles
March 21-23	Regional, Dept. of Classroom Teachers, NEA, Reno, Nevada
March 23-26	Department of Elementary School Principals, NEA, Philadelphia
March 26-30	National Association of Women Deans and Counselors, NEA, St. Louis, Mo.
March 27-29	National Science Teachers Association, NEA, Denver
March 29 April 1	Regional, American Association of School Administrators, NEA, Cleveland
March 30-April 3	American Association for Health, Physical Education, and Recreation, NEA, Kansas City, Mo.
March 31-April 3	American Personnel and Guidance Association, The Sheraton-Jefferson, St. Louis, Mo.
April 6	Association for Childhood Education International, the Ambassador and Ritz-Carlton Hotels, Atlantic City, N.J.

April 8-12

ICEC CONVENTION

KANSAS CITY, MO.

Headquarters Hotel: The Muehlebach

April 10	President's Committee on Employment of the Physically Handicapped, Regional, Omaha, Nebr.
April 9-12	National Council of Mathematics Teachers, NEA, Cleveland
April 21-25	Department of Audio-Visual Instruction, NEA, Minneapolis
May	Better Hearing Month, sponsored by the American Hearing Society and member groups
May 2-3	**California Federation of ICEC, San Diego**
May 12-16	American Psychiatric Association, San Francisco
May 18-21	National Congress of Parents and Teachers, Omaha
June 3-6	American Hearing Society, St. Francis Hotel, San Francisco
June 15-July 4	Summer Laboratory in Human Training Relations and Group Leadership Training of the National Training Laboratory in Group Development, Bethel, Maine
June 16-18	International Society for the Welfare of Cripples Council, Charleroi, Belgium
June 20-24	Congress of the International Association of Workers for Maladjusted Children, Palais de Beaulieu, Lausanne, Switzerland
June 22-27	The Volta Bureau, Pittsburgh, Pa.
June 24-28	National Commission on Teacher Education and Professional Standards, NEA, Bowling Green State University, Ohio
June 29-July 4	National Education Association, Cleveland, Ohio
June 30	**ICEC Meetings at NEA Convention, Cleveland, Ohio**

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